

TRIP REGISTRATION FORM & AGREEMENT

PLEASE READ THIS FORM IN ITS ENTIRETY AND SIGN WHERE INDICATED.

RESERVATION IS NOT EFFECTIVE UNTIL FORM HAS BEEN COMPLETED AND RETURNED WITH DEPOSIT

I, _____, (herein after referred to as "I") the traveler, hereby affirm and represent that I have completely read and understand all the Booking Conditions, a copy of which is attached here to (hereafter referred to as "Booking Conditions"), of Tierno Tours LLC (here in after referred to as Tierno Tours) tour:

_____ from _____

(here in after referred to as the "Trip"). Additionally, I hereby agree to all of the said Booking Conditions.

The cost per person for this Trip is \$ _____.

_____ If you are interested in the Rome Extension Package please check this box (Payment for Rome extension is not required with this form and can be paid when program availability is confirmed).

To verify the correct amount of the trip's cost and day by day itinerary, please visit www.tiernotours.com

or contact us tiernotours@yahoo.com

NO SPOTS WILL BE HELD WITHOUT A RECEIVED DEPOSIT OF \$ _____ PER TRAVELER

Upon acceptance by Tierno Tours of the deposit paid by traveler, this document, signed by traveler shall serve as official registration for the Trip. Availability is on a first come-first served basis and is not guaranteed until this document and the deposit for the trip have been accepted by Tierno Tours.

PLEASE CHECK THE FOLLOWING OPTION, IF APPLICABLE:

_____ I agree to pay the SINGLE-OCCUPANCY SUPPLEMENT of \$ _____ to have my own room (only for single individuals traveling who don't want to share a room with another individual traveling alone). I understand that if I do not arrange to room with another traveler, Tierno Tours will attempt to place me with a roommate. If that is not possible, I agree to pay the single occupancy room supplement.

I have read and understood the above information and all of the Trip Terms & Booking Conditions and accept them.

Signature Traveler #1 _____ Signature Traveler #2 _____

Today's Date: _____

TRAVELER INFORMATION

(ALL INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED)

TRAVELER #1

TRAVELER #2

Name: _____

Address: _____

Primary Phone Number: _____ Alternative #/ Work Phone/Cell Phone: _____

Physical Health:#1 _____ #2 _____ (Rate your health condition based on a 1-10 scale. 1=At Risk, 10=Excellent Shape)

Email Address: _____ (Please provide a valid email address.

This will facilitate communication prior to trip, as you will receive useful travel tips, important notices, travel information, etc.)

Birthdate: _____ Special occasion (anniversary, birthday, honeymoon, etc.) _____

How did you find out about Tierno Tours? If from a person, please specify their name.

My emergency contact is (please include name, phone number, and relationship to traveler):

Please list any food-related allergies, dietary needs (i.e. vegetarian, vegan, etc.), other food intolerances or medical allergies, etc. (attach additional emergency instructions if necessary) that you would like to disclose:

NOTE: If you need special attention, cannot stand for 2 consecutive hours, cannot carry your own luggage, cannot walk for extended periods of time, have trouble walking up and down hill, require a special diet, this trip may not be for you.

PLEASE MAIL YOUR COMPLETED FORMS AND MAKE YOUR CHECK (IF PAYING BY CHECK) PAYABLE TO:
Tierno Tours LLC 1620 Old Charlotte Rd. Concord, NC 28027