

**Greece – The Footsteps of Paul**

With

**Dr. Eugene Gibson**

**July 4 – 13<sup>th</sup>, 2010**

**\$3750.00 Dbl Occupancy**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

AGE \_\_\_\_\_

FEMALE \_\_\_\_\_

MALE \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

EMERGENCY

CONTACT \_\_\_\_\_

TELEPHONE \_\_\_\_\_

ROOM MATE \_\_\_\_\_

SINGLE ROOM SUPPLEMENT (\$500.00): \_\_\_\_\_

I HAVE A PASSPORT: YES \_\_\_\_\_

NO \_\_\_\_\_

# \_\_\_\_\_

SPECIAL SERVICES: \_\_\_\_\_

**DEPOSIT DEADLINE: \$500.00 Sept 15<sup>th</sup> Balance: monthly payments of \$406.25**

**FINAL PAYMT: May 15<sup>th</sup> 2010**

CHECK # \_\_\_\_\_ Payable To: TRAVEL EAZE – GREECE

5743 Barfield Circle

Memphis TN 38120

901 685 3260 / 219 4610

MASTER/VISA \_\_\_\_\_

AMX \_\_\_\_\_

DISCOVER \_\_\_\_\_

TRAVEL INSURANCE YES \_\_\_ NO \_\_\_ AMOUNT \_\_\_\_\_ (include the completed form w/check)

*POLICY: I understand and accept the responsibilities of making timely payments. There are no refunds; cancellation insurance is strongly suggested. Due to the unpredictable cost of airline departure taxes and fuel surcharges any increase will be applied to the final payment of the package costs. TRAVEL EAZE agents and representatives shall be held harmless of any personal injury that may occur.*

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_