

## TRAVEL REGISTRATION FORM

Please reserve my place (submit one form per traveler). A deposit of \$1,000 per person payable to **Goodspeed & Bach** is enclosed. This deposit is non-refundable after April 20, 2020.

Name (as it appears on valid pass	port):		
Last	_First	Middle	
Date of Birth: MM DD			
Passport number:		Expiration date: MM	DD YY
Passports must be valid six month	s after your return date	from Europe.	
Street / P.O. Box:			
City:	State:	Zip:	:
Phone:			
Email:			
Travel companion: Last name		First name	
Travel preferences (please check	all that apply):		
I would like to share a double	e room with my travel c	companion <b>(\$3,969 USD</b>	per person).
I would like a single room (sp	pace is limited) for an ac	dditional <b>\$639 USD per p</b>	person.
I would like for Goodspeed 8	Bach to make my inte	rnational flight arrangen	nents for a booking fee
of \$65 per person.			
I prefer to make my own inte	ernational flight arrange	ments.	
Please send me information	regarding trip insurance	Э.	
Dietary requests (gluten-free, veg	jetarian, vegan, etc.): _		
I have read the itinerary and terms	& conditions contained	d here (also available on 🤉	goodspeedandbach.com
and agree to abide by all the stipul	ations contained therei	n.	
Signed:		Da	ate:



Please make checks payable to Goodspeed & Bach, Inc.