



RESERVATION FORM

EVENT INFORMATION

Program \_\_\_\_\_ Departure Date \_\_\_\_\_ Departure City \_\_\_\_\_

PARTICIPANT INFORMATION (Select one):

( ) Team member ( ) Parent ( ) Assistant Coach ( ) Other \_\_\_\_\_

Coach \_\_\_\_\_ Team Name \_\_\_\_\_

NAME (Exactly as it will appear on your passport; your legal name, no abbreviated or nick-names please)

First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

( ) Male ( ) Female

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Are you a U.S. Citizen? ( ) Yes ( ) No, I am a citizen of \_\_\_\_\_ Passport #

\*\* Visas are required for U.S. citizens. Non- U.S. citizens should contact the Brazilian consulate to inquire about their individual visa requirements .

Room Request (upon availability): ( ) Triple occupancy (Standard Package)

USA Tours

( ) Double room supplement..... \$250.00 per person. \$135.00
( ) Single room supplement.....\$375.00 \$150.00

IN CASE OF EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

PAYMENT INFORMATION

Please read carefully the General Information and Conditions on the back of this form. Enclosed is my deposit in the amount of \$ \_\_\_\_\_(Check or money order made payable to Action Tours International, Inc).

I have carefully read the Reservation Form and General Information & Conditions and agree to the application guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian providing consent for child's participation in the ATI's Program

Signature \_\_\_\_\_ Date \_\_\_\_\_