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**Reservation Form**

Please download and print this form, fill it out, sign below, scan it, and email it to:

[andrew@oscarwildetours.com](mailto:andrew@oscarwildetours.com)

Name:

DOB: \_\_\_\_\_\_\_\_\_\_\_\_

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Expiration: \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Date of Tour:

Number of persons in party:

Price per person:

I agree to accept and abide by the Standard Terms & Conditions as described in the Terms and Conditions tab of the Oscar Wilde Tours company website. I understand that I am responsible for having a travel insurance policy and agree that Oscar Wilde Tours is not responsible for adverse effects if I fail to purchase travel insurance.

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