

Reservation Form

Please download and print this form, fill it out, sign below, and send it to us by one of the following means. Either scan it and email it to:

info@oscarwildetours.com

Or mail it to us at: Oscar Wilde Tours
955 Massachusetts Avenue, #190
Cambridge, MA 02139

Name: _____

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.

Signature: _____

Date: _____