



Allocations Booking Request Form

Please fill out 1 form **per person traveling**.

Your Association Information (check one and specify name)
<input type="checkbox"/> Young Alumni (enter name of school below):
<input type="checkbox"/> Young Professional (enter name of organization below):

Passenger Information (please fill out below)
Name (as it appears on your USA passport):
Date of birth, including year:
Gender:
Phone #:
Email:
Mailing Address:

Tour Information (please fill out below)
Tour Name:
First Choice Date:
Second Choice Date:

Room Type (pick one)
<input type="checkbox"/> Twin-share (we'll match you with another same-sex roommate)
<input type="checkbox"/> Single (extra charge)
<input type="checkbox"/> Triple (5% discount – available on some tours)
<input type="checkbox"/> Rooming with a friend. (Enter friend's name below):

www.contiki.com

T: (866) 652-4483 E: groups@contiki.com



Travel insurance (pick one)
<input type="checkbox"/> I am interested in purchasing travel insurance with Contiki for \$169
<input type="checkbox"/> *I decline purchasing travel insurance with Contiki
*Some destinations require Travel Insurance. We will advise if this is required for your tour.

Extra nights (pick all that apply)
<input type="checkbox"/> I would like to book additional hotel nights before the tour starts
<input type="checkbox"/> I would like to book additional hotel nights after the tour ends
<input type="checkbox"/> I do not need hotel nights booked outside the tour dates

Additional Comments