



RESERVATION FORM

EVENT INFORMATION

Program: PRO SELECT Departure Date: _____ Departure City: SAN DIEGO

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: 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 there individual visa requirements.*

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

International Tours/USA Tours

<input type="checkbox"/> Double room supplement	\$270.00	\$135.00
<input type="checkbox"/> Single room supplement	\$300.00	\$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 \$ 300.00 (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 _____