

2004 RESERVATION FORM

Requested start date (first night in Europe) _____ Number in party _____

Departure date from US: _____ Date of return to US: _____

Region of travel:

NW France _____ NE France _____ Southern France _____ Paris _____
Italy _____ Switzerland _____ Southwestern Germany _____

Participants: (Please print)

1) Mr./Dr./Mrs./Ms. _____

Last name First name Middle initial

2) Mr./Dr./Mrs./Ms. _____

Last name First name Middle initial

Children: _____

Please list names, ages and if sharing a room with you or with each other

Street address of primary clients: _____

City _____ State _____ Zip Code _____

Home phone _____ Business phone: _____ Fax number: _____

E-mail address: _____ Deposit enclosed \$ _____ (\$150 per person)

Car rental request: Compact _____ Mid-size _____ Full size _____

Upgrade? _____ Size? _____ Automatic transmission? _____

Credit card # (for car rental) _____ Expiration date: _____

MC Visa Discover Amex Other (Please circle correct one)

Preferred accommodations: Suite _____ Jr. suite _____ Deluxe _____ Superior _____ Standard _____

Preferred sleeping arrangements: Double/large _____ Twin _____

Special interests or activities you wish you pursue? (IMPORTANT)

Please sign the attached "Terms and Conditions" and return both with your deposit to:

DRIVING TOURS OF FRANCE, Ltd.

2130 NW 95th Street

Seattle, WA 98117

Phone: (206) 781-9565 or (800) 717-1703 Fax: (206) 782-3966 E-mail: info@dtof.com Website: www.dtof.com