

**Please complete this form and mail it to:**

Momentum Tours & Travel  
 1835 NE Miami Gardens Dr. #150, North Miami Beach,  
 FL 33179

Tour (name) \_\_\_\_\_ Departure date \_\_\_\_\_

Title \_\_\_\_\_ Full Name (as in your passport) \_\_\_\_\_

Date of birth \_\_\_\_\_

Street address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_ Full Name (as in your passport) \_\_\_\_\_

Date of birth \_\_\_\_\_

Street address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Email \_\_\_\_\_

Additional Names (other travel companions on the same tour) \_\_\_\_\_

We prefer a :  Double Room with twin beds       Double Room with queen/king bed (subject to availability)

I prefer :  Single Room       To share double room with another person \_\_\_\_\_.

Grant permission to give my telephone number to a person looking for a share

**Deposit**  
 (check only)

\$ 200 \_\_\_\_\_ X \_\_\_\_\_ \$ \_\_\_\_\_  
 Deposit (per person)    # of person(s)    Total

**Method of Payment** (for final payment)

Check       Visa       Master Card

Name of Card Holder: \_\_\_\_\_.

Card #: \_\_\_\_\_.

Exp. Date: \_\_\_\_\_(mm/yy) Sec. code #: \_\_\_\_\_.

**Special Requests:**

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

I/we have read and accept the Terms & Conditions  
 for this tour.

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