RESERVATION FORM

EGYPT ONLY

Please Book my Reservation to Join Pro. Small's Educational Tour July 14th 2024 to July 21st 2024.

[] \$4,040.00USD Double Occupancy
[] \$4,750.00USD Single Occupancy per person
[] I WISH TO SHARE A ROOM WITH
[] I REQUIRE SINGLE OCCUPANCY
*Single rate applicable if no roommate available
ENCLOSED IS MY (NONREFUNDABLE) DEPOSIT OF \$500.00 PER PERSON. FINAL PAYMENT DUE May 14 th , 2024.
SPECIAL MEAL REQUEST
NAME (AS IT APPEARS IN YOUR PASSPORT)
FIRST:MIDDLE:LAST:
ADDRESS
CITY/STATE/ZIP:
PHONE:(H)(CEL)
E-MAIL:
DATE OF BIRTH: () MALE ()FEMALE
PASSPORT#:
DATE OF ISSUEEXPIRY
PLEASE CHARGE MY CREDIT CARD \$ []VISA [] MC [] Paypal []AMEX
CREDIT CARD NO: EXP. DATE CVC NO
Please note there is 3.5% CC fee
SIGNATURE DATE:
*All rates are subject to changes

MAKE CHECK PAYABLE TO: Africa Dreamer Tours,9 Frank Street, Valley Stream, NY 11580

Telephone: 516-285-4607

RESERVATION FORM

EGYPT & GHANA

Please Book my Reservation to Join Pro. Small's Educational Tour July 14th 2024 to August 2nd 2024.

[] \$5,331.00USD Double Occupancy

[] \$5,985.00USD Single Occupancy per person

[] I WISH TO SHARE A ROOM WITH _____

[] I REQUIRE SINGLE OCCUPANCY

*Single rate applicable if no roommate available

ENCLOSED IS MY (NONREFUNDABLE) DEPOSIT OF \$500.00 PER PERSON. FINAL PAYMENT DUE May 14th, 2024.

SPECIAL MEAL REQUES	ST		
NAME (AS IT APPEARS	IN YOUR PASSPORT)		
FIRST:	MIDDLE:	LAST:	
ADDRESS			
CITY/STATE/ZIP:			
PHONE:(H)	(CEL)		
E-MAIL:			
DATE OF BIRTH:	() MALE ()FEMALE	
PASSPORT#:			
DATE OF ISSUE	EXPIRY		
PLEASE CHARGE MY C	REDIT CARD \$	[]VISA[]MC[]	Paypal []AMEX
CREDIT CARD NO:		_ EXP. DATE	CVC NO
Please note th	<mark>iere is 3.5% CC fee</mark>		
SIGNATURE	DATE:		
*All rates are	subject to changes		

MAKE CHECK PAYABLE TO: Africa Dreamer Tours,9 Frank Street, Valley Stream, NY 11580

Telephone: 516-285-4607

RESERVATION FORM

GHANA

Please Book my Reservation to Join Pro. Small's Educational Tour July 19th 2024 to August 2nd 2024.

[] \$4,659.00USD Double Occupancy

[] \$5,314.00USD Single Occupancy per person

[] I WISH TO SHARE A ROOM WITH _____

[] I REQUIRE SINGLE OCCUPANCY

*Single rate applicable if no roommate available

ENCLOSED IS MY (NONREFUNDABLE) DEPOSIT OF \$500.00 PER PERSON. FINAL PAYMENT DUE May 14th, 2024.

SPECIAL MEAL REQUES	ST		
NAME (AS IT APPEARS	IN YOUR PASSPORT)		
FIRST:	MIDDLE:	LAST:	
ADDRESS			
CITY/STATE/ZIP:			
PHONE:(H)	(CEL)		
E-MAIL:			
DATE OF BIRTH:	() MALE ()FEMALE	
PASSPORT#:			
DATE OF ISSUE	EXPIRY		
PLEASE CHARGE MY CI	REDIT CARD \$	[]VISA [] MC [] Paypal []AMEX
CREDIT CARD NO:		EXP. DATE	CVC NO
Please note th	<mark>nere is 3.5% CC fee</mark>		
SIGNATURE	DATE:		
*All rates are	subject to changes		

MAKE CHECK PAYABLE TO: Africa Dreamer Tours,9 Frank Street, Valley Stream, NY 11580

Telephone: 516-285-4607