

## **Application & Tour Information Form 2021**

Name Of Tour							
	( ) Air & 1	Land (	) Land Only	y ( ) Air Or	ıly		
Air Gateway: Depart	ture airport fo	r this tou	r			<del></del>	
Passenger One							
First	Middle		_ Last		_Suffix		
Nick Name:	Gender	( ) Male	( ) Female	Date of Birth	/	_/	
Address		City	State	eZip C	Code		
Passport Number		City, Sta	ate, Country	of Issuance			
Expiration date (M/D/Y	) Date of Issuance (M/D/Y)						
US Citizen ( ) Yes (	) No Email A	\ddress					
Delta Frequent Flyer N	umber						
available upon registration without valid passport n  Air Gateway: Depart Passenger Two First Nick Name: Address Passport Number	umbers.  Ture airport for Middle  Gender	r this tou ( ) Male City _ City, Sta	r _ Last ( ) Female State ate, Country	Date of Birth eZip C of Issuance _	_Suffix / Code		
Expiration date (M/D/Y							
US Citizen ( ) Yes (							
Delta Frequent Flyer N	umber						
I/We have read, understand that <b>pass</b> the conclusion of many/our deposit (\$400)	risions in Juve <b>port with a v</b> <b>y/our trip</b> is n	n Tours & alidity da required f	& Travel, In ate of at lea	nc. tour broch nst six (6) mo	onths be	Ve <u>yond</u>	
Signature				Date:			

If you are traveling with another party, please indicate name/s:					
AIRLINE SEATING					
Seating Is not guaranteed, however, we would be happy to make a request for you:					
() Aisle () Middle () Window () Adjacent					
SPECIAL HOTEL REQUESTS					
Type of Room: ( ) Single ( ) Double (with 1 double bed)					
( ) Double (with 2 twin beds) ( ) Triple (Available at some hotels)					
Special Diet Request					
( ) Sugar-free ( ) Salt free ( ) Vegetarian ( ) Kosher ( ) Low-cholesterol					
Other Name of Passenger					

## COMPLETE AND RETURN TO:

Carrol T. Juven, Juven Tour & Travel, Inc.

PO Box 1266 S Fargo, ND 58107-1266

Local: (701) 237-9000 STOll Free 1-800-343-0093

Facsimile (701) 232-8213

E-mail: carrol@juventours.com

Website: www.juventours.com

## WELCOME ALONG ON A TOUR OF A LIFE TIME TO BEAUTIFUL NORWAY!