Paradise Travels and Tours, Inc.
PO Box 222, Knightdale, NC 27545
Business: 919 752 6082
Cell: 919 271 0892
Email: paradisetravels1@aol.com

Seven Countries, Venice & Paris

August 28-Sept 6, 2027

Air Date: August 27 2027

Names: (As it appears on your passport.) Any name changes or corrections after documents are issued will incur a penalty.

_____ Birthdate:____/____/_____
(Name **EXACTLY** as it appears on your passport)

_____ Birthdate:____/____/_____
(Name **EXACTLY** as it appears on your passport)

Street Address: _____ City, State and zip_____
(No PO Box Please)

Phone number: _____ cell number:_____

Email: _____

Sharing a room with:_____

Departure Airport: _____

Emergency Contact:_____ Phone:_____

Proof of Citizenship

All travelers will be required to have a valid U.S. Passport. Some countries require that your U.S. Passport be valid for at least 6 months or longer beyond the dates of your trip. Please make sure that your passport is valid for at least six months after departure of your trip.

Your Personal Travel Consultant

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Vacation Protection insurance is available and is highly recommended.

I _____accept _____decline insurance: _____
(Signature)

I have read and understand the payment, proof of citizenship and cancellation policies and cancellation insurance option and am responsible for notifying every guest registering on this form.

_____ _____ $_____ Includes Insurance? ___yes__no
Signature Date Amount of Deposit

Passport Information:
Passport Number: _____

Nationality: _____

Place of Birth: _____

Date issued: _____

Date Expires: _____

Authority/Place of Issue: _____

Contact Information:

On Trip Contact Information (Please provide a phone number and/or email you will be using while on this trip so that Monograms may contact you in case of an emergency

On Trip Phone: _____

On Trip email:_____

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Emergency Contact: (Do not list any passengers or the contact information of anyone traveling on this vacation.

Contact name:_____

Relationship:_____

Contact Phone Number:_____

Email:_____

Please send your registration form and payment to:

Arnette Cowan
Paradise Travels and Tours, Inc
PO Box 222, Knightdale NC 27545S

Suggested Payment Plan:

$250 deposit due upon registration (nonrefundable)
$250 due by Aug 15, 2026
$250 due by Sept 15, 2026
$250 due by Oct 15, 2026
$250 due by Nov. 15, 2026
$250 due by Dec. 15, 2026
$250 due by Jan 15, 2027
$250 due by Feb 15, 2027
$250 due by March 15, 2027
$250 due by April 15, 2027
$250 due by May 15, 2027
Final payment due no later than June 1, 2027

Paradise Travels and Tours, Inc. is registered with the State of Florida as a Seller of Travel, Registration No. ST43086

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