



ILLINOIS INTERNATIONAL TRAVEL

SINCE

1967

R E S E R V A T I O N F O R M

MAIL TO:

Illinois International Travel
Memory Maker Vacations
6724 Commonwealth Drive
Loves Park, Illinois 61111-8625

Enclosed is \$_____ representing \$250.00 per person deposit for the following Tour.
Make all checks or money orders payable in **U.S. Dollars** to: Illinois International Travel.

CITIZENSHIP: **USA** **OTHER (NAME OF COUNTRY)** _____

TOUR# _____ **NAME OF TOUR:** _____ **DATE OF TOUR:** _____ **DEPARTURE CITY FOR FLIGHTS:** _____

Print the **LEGAL** name of each passenger from the enclosed copy of your **REAL ID★Driver's License** for all US Bethel Tours and a **copy of your valid PASSPORT** (for Tour to Canada) in order to receive a confirmation.

(MR/ MRS/ MS) LEGAL NAMES	ADDRESS	CITY, STATE & ZIP	AREA CODE/ CELL PHONE	DATE OF BIRTH
MALE FEMALE <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____

AREA CODE/HOME PHONE _____ **E-MAIL** _____

WE PREFER _____ **PERSONS SHARING ONE ROOM.** **NAME OF CONGREGATION:** _____ **SPECIFY ANY SPECIAL NEEDS:** _____

→ **IMPORTANT: TO CONFIRM YOUR RESERVATION, A SIGNATURE IS REQUIRED.**

→ **SIGNATURE:** _____

(A LETTER IS REQUIRED IF UNDER 18 AND NOT TRAVELING WITH PARENTS)