

Private Trip Reservation Form

1 Trip Name _____

Departure Date: _____

2 Please complete for each person in your party (Use a separate sheet for parties of 3 or more)

Name _____ Name _____

Date of Birth _____ M F Date of Birth _____ M F

Address _____ Apt. # _____ Address _____ Apt. # _____

City _____ State/Prov. _____ City _____ State/Prov. _____

Zip/Postal Code _____ Country (if outside U.S.) _____ Zip/Postal Code _____ Country (if outside U.S.) _____

Phone (d) _____ (e) _____ Phone (d) _____ (e) _____

Fax # _____ E-mail _____ Fax # _____ E-mail _____

3 Accommodations We prefer to share a room with 2 beds 1 bed.
 I prefer a single room/tent (supplement required; space-available basis only).
 I would like to share a two-bedded room with a single of the same gender, if possible.

4 Equipment for biking or multisport trips (please skip for hiking or walking trips)
 Please indicate your height, bike style and whether toe clips are desired.



Style 1
 Touring bike
 Upright handlebars
 Fits riders 4' 1" to 6' 5"



Style 2
 Touring bike
 Drop handlebars
 Fits riders 4' 1" to 6' 5"

Name(s):	Height	Bike Style #	Toe Clips (Straps)
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

5 Deposits (Please see Cancellations & Refunds Policy at www.backroads.com)

\$600 per person X _____ (# of travelers) = \$ _____ **Total deposit due** \$ _____

6 Method of Payment Check in U.S. funds payable to Backroads Visa MasterCard AmericanExpress Discover Card Diners Club

Credit Card # _____

Exp. Date _____ Signature (as name appears on card) _____

I authorize Backroads to charge the remaining balance due to this credit card at 126 days prior to departure. Yes No

Upon receipt of this form and your deposit, Backroads will reserve a space (based on space availability) on the trip of your choice and send a Backroads Travel Planner and final invoice.

**Please return completed reservation form to:
 Backroads, Attn: Private Trips Manager, 801 Cedar St., Berkeley, CA 94710 United States or fax to 510-527-1444.**