APRIL 16-25, 2021 All pointess are non-reformable. All pointess are	LISBON	
Travel Group Reservation Application     Tail Free: 800-688-8785       Please moil your check with this form to:     DistTiFLCATION       Middleton Travel, ATTN: Amy Wilson, 2831 Parmenter St., Suite 190,     DistTiFLCATION       Middleton Travel, ATTN: Amy Wilson, 2831 Parmenter St., Suite 190,     Dott forget your identification:       Audi government Sizued passport     Availa government Sizued passport       Full Legal Name:     (Ait appears on your Passport)       Name you would like on your nametag:     United Frequent Flyer #       Birth Date:     State:     Zip:       Address:     Zip:     TRAVEL INSURANCE       Home Phone:( )     State:     Zip:       Cell Phone:( )     State:     Zip:       Birth Date:     (f applicable)       Birth Date:     (f applicable)       Birth Date:     (f applicable)       Birth Date:     (f applicable)       Birth Date:     Modelton Travel, nc., and the econdition that Middleton Travel, nc., and the econ	APRIL 18-25, 2021	All payments are non-refundable.
Middleton, WI 53562       Don't forget your identification:         Payments/deposits must be made by cash or check.       A valid government issued passport is required.         Full Legal Name:       (As it appears on your Passport)         Name you would like on your nametag:       United Frequent Flyer #         Birth Date:       United Frequent Flyer #         Address:       Zip:         Mome Phone:( )       State:       Zip:         Home Phone:( )       State:       Zip:         Birth Date:       Mome Phone:( )       Payment for this trip indicates acceptance of the contions or wast patients insurance. We cannot before feagure: howere we always believe that the sconer you travel insurance. We cannot before feagure: howere we always believe that the sconer you travel insurance. We can book it for you!         Birth Date:       (If applicable)		Toll Free: 800-688-8785
Payments/deposits must be made by cash or check.       A valid government issued passport is required.         Full Legal Name:       (As it appears on your Passport)         Name you would like on your nametag:       United Frequent Flyer #         Birth Date:       TRAVEL INSURANCE         Address:       State:       Zip:         Home Phone:{       )       Travel insurance in the passport         Home Phone:{       )       Toward like pre-existing mediation of the pass of the passof the pass of the pass of the pass of the pas	Middleton Travel, ATTN: Amy Wilson, 2831 Parmenter St., Suite 190,	IDENTIFICATION
Full Legal Name:       (As it appears on your Passport)         Name you would like on your nametag:       Delsase provide a copy of your passport!         Birth Date:		
Full Legal Name:		required.
Name you would like on your nametag:       Image:         Birth Date:       Image:         Address:       TRAVEL INSURANCE         Address:       Travel insurance is if you would like pre-existing medi- cal conditions covered, you must purchase the insurance within 14 days of signing up. You may purchase insurance. In days of signing up. You may purchase insurance. The better. Please call us at 600 statistic stress how work we always believe that the sooner you buy travel insurance. In better. Please call us at 600 statistic stress how work we always believe that the sooner you buy travel insurance. In better. Please call us at 600 statistic stress how work we always believe that the sooner you buy travel insurance. We can book it for you!         Email:       Image:         (if applicable)       Birth Date:         Birth Date:       (if applicable)         Birth Date:       (if applicable)         Birth Date:       Payment for this trip indicates acceptance of the condition that Middleton Travel, subidiary of Middleton Travel         Adke checks payable to:       Middleton Travel         I understand that insurance is not included in the price of this trip, but available and recommended. I understand that purchase of insurance is a separate transaction and vhich are available on request. The right is reserved to make changes in the travel arragements if the berosen incersory for the comfort or well being of the passengers, or for any other reason. There must be a minimum of 15 participants by an 1 for the trip togo		
Birth Date:       Inited Frequent Flyer #         Address:       TRAVEL INSURANCE         Address:       Zip:         City:       State:       Zip:         Home Phone:( )       State:       Zip:         Home Phone:( )       During Frequent Flyer #         Cell Phone:( )       State:       Zip:         Birth Date:       Cell Phone:( )       Birth Date:         Cell Phone:( )       (ff applicable)       Responsibility         Birth Date:       (ff applicable)       Responsibility         Birth Date:       (ff applicable)       Responsibility         Birth Date:       (ff applicable)       Subsidiary of Middleton Travel, subsidiary of Middleton Travel, not responsibile for any to subsidiary of Middleton Travel, not and/or other services for this trip, not available and recommended.       Iunderstand that insurance is not included in the price of this trip, but available and recommended.       Iunderstand that purchase of insurance is a separate transaction and to ther services for the travel arrangements if it becomes necessary for the conditions of this reservation form.       Iunderstand that all payments are NON-REFUNDABLE.         Sign:       Date:       "The deposit is refundable if the trip does		Expires
Address:       We cannot stress how important buying travel insurance is. If you would like pre-existing medical conditions covered, you must purchase the insurance with 14 days of signing u. You may purchase insurance anytime before departure; however we always believe that the soner you buy travel timisurance, the soner you buy travel timisurance, the soner you buy travel timisurance, the soner you must purchase the soner you buy travel timisurance, the soner you must purchase the soner you buy travel timisurance, the soner you is first purchase.         Cell Phone:( )		United Frequent Flyer #
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Home Phone:( )	City:Zip:State:Zip:	insurance is. If you would like pre-existing medi- cal conditions covered, you must purchase the insurance within 14 days of signing up. You may
Cell Phone:( )	Home Phone:( )	
Email:       Responsibility         Roommate:       (if applicable)         Birth Date:       Payment for this trip indicates acceptance of the condition that Middleton Travel, subsidiary of Middleton Travel, not, and the escort act only as agents for providers of transportation and/or other services for this trip, and are, therefore, not responsible for any loss, damage, injury, accident, delay or irregularity caused by any reason whatsoever.         I Check in the amount of \$       It is may responsibility to do so in a timely fashion. Please sign below agreeing to all conditions of this reservation form. I understand that all payments are NON-REFUNDABLE.         Sign:       Date:	Cell Phone:( )	608-831-4664 ext 144 if you would like to
RSPONSIBILITY         Roommate:       (if applicable)         Birth Date:       Payment for this trip indicates acceptance of the condition that Middleton Travel, subsidiary of Middleton Travel, nc., and the escort act only as agents for providers of transportation and/or other services for this trip, and are, therefore, not responsible for any loss, damage, injury, accident, delay or irregularity caused by any reason whatsoever. Travel and/or other services for the trip, for which a reservation is requested on this form, are provided by tour and motor coach operators, who are providing such services limited by general conditions or passage contracts, which hereby are incorporated and which are available on request. The right is reserved to make changes in the travel arrangements if it becomes necessary for the comfort or well being of the passengers, or for any other reason. There must be a minimum of 15 participants by Jan 1 for the trip to go.         Sign:       Date:	Email:	
(if applicable)         Birth Date:         Birth Date:         Allergies: (Food/Environment):         Enclosed is a         Check in the amount of \$		RESPONSIBILITY
(if applicable)       the condition that Middleton Travel, subsidiary of Middleton Travel, Inc., and the escort act only as agents for providers of transportation and/or other services for this trip, and are, therefore, not responsible for any loss, damage, injury, accident, delay or irregularity caused by any reason whatsoever. Travel and/or other services for the trip, for which a reservation is requested on this form, are provided by tour and motor coach operators, who are providing such services limited by general conditions or passage contracts, which hereby are incorporated and which are available on request. The right is reserved to make changes in the travel all conditions of this reservation form. I understand that all payments are NON-REFUNDABLE.         Sign:       Date:	Roommate:	Payment for this trip indicates acceptance of
Allergies: (Food/Environment):       transportation and/or other services for this         Enclosed is a       trip, and are, therefore, not responsible for         Check in the amount of \$	(if applicable)	subsidiary of Middleton Travel, Inc., and the
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Make checks payable to: Middleton Travel       limited by general conditions or passage contracts, which hereby are incorporated and which are available on request. The right is reserved to make changes in the travel arrangements if it becomes necessary for the comfort or well being of the passengers, or for any other reason. There must be a minimum of 15 participants by Jan 1 for the trip to go.         Sign:       Date:	<b>Cash</b> in the amount of	which a reservation is requested on this form, are provided by tour and motor coach
I understand that insurance is not included in the price of this trip, but available and recommended. I understand that purchase of insurance is a separate transaction and that it is my responsibility to do so in a timely fashion. Please sign below agreeing to all conditions of this reservation form. I understand that all payments are NON-REFUNDABLE.       which are available on request. The right is reserved to make changes in the travel arrangements if it becomes necessary for the comfort or well being of the passengers, or for any other reason. There must be a minimum of 15 participants by Jan 1 for the trip to go.         Sign:	Make checks payable to: Middleton Travel	limited by general conditions or passage con-
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