REGISTRATION FORM

CLASSICAL EXCURIONS

A GRAND TOUR OF SICILY

April 18 to 27, 2026

☐ I have read, understand, and accept all of the Terms and Conditions of this contract.

☐ Yes, I plan to take out trip insurance. ☐ I'm considering it. ☐ Not likely.

Please return this form with your tour deposit of $1,500 per person (of which $300 is non-refundable) payable by check or by credit card to Classical Excursions.

Name in full as on passport (1): _____

Spouse/Partner/Friend – passport name (2): _____

Address: _____

_____

Cellular - Traveler 1: _____ Traveler 2: _____

Email 1: _____ Email 2: _____

Passport No. – Traveler 1: _____ Issuing Country: _____ Expires: _____

Passport No. – Traveler 2: _____ Issuing Country: _____ Expires: _____

PREFERRED NAME(s): _____

ACCOMMODATION - *please check:*

☐ I wish to share my □ spouse/partner, or □ friend (please name) _____

☐ Single occupancy room. ☐ If traveling with a friend, we each want our own single occupancy room.

CREDIT CARD PAYMENT: To pay by credit card please complete the following:

Name on Card: _____

Billing Address (☐ same as above, or please complete):

_____ Zip: _____

Expiration Date: _____ Card Number: _____

I authorize Classical Excursions to charge $_____ to my credit card.

Signature: _____ Date: _____

Completing this form: (1) a fill-in this PDF and then submit by email – or --

(2) you can simply print out the form to complete by hand, then snap a photo and email it. Send to:

Oliva@ClassicalExcursions.com

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