



Home of

Classy Ladies & Couples too!



*Your Local Travel Professional*

*C.P. Trips, Inc  
Cindy Passannante, President  
12675 SE Hacienda Dr.  
Damascus, Or. 97089*

*Travel is the only thing you buy that will make you richer!*

Registration: Tulips and Windmills of Europe - 8 days aboard the Emerald Waterways Star-Ship - April 17 - 24, 2019 Starting at \$ 3395.00 pp/dbl (Single Supplement 200% - Discount Rate Pending)

\*\*\*Optional 3 days in Paris - April 24 - 27, 2019 \*\*\*

For Reservations contact: Cindy Passannante, President C.P. Trips, Inc. 503 658-5646 or Email: cptrips@aol.com

A deposit of \$500.00 per person is due upon reservation. For the Cruise Reservations are made on a first come, first served basis (Space is limited). Reservations made after the deposit date of November 30, 2018 are based upon availability. Deposit is Non-Refundable (strongly recommend Trip Cancellation Insurance - Quote available upon request) Final payment due by January 15, 2019. Please provide the first page of all travelers' passport's for trip.  Yes  No

A Deposit for Nancy's Workshop is \$ 75.00 per person to hold your place (Group size is limited)  Yes  No

A Deposit for Options 3 nt package to Paris \$ 100.00 per person  Yes  No

Total Deposit for full package (Cruise \$ 500.00 + Workshop with Nancy \$ 75.00 + Post adventure to Paris \$ 100.00 Total Per person \$ 675.00)

Please print clearly your full name (first/middle/last) as it appears on your government issued ID and travel documents (Passport)

Traveler one:

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: male female      Date of Birth: \_\_month \_\_day \_\_year

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip \_\_\_\_\_

Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_

Traveler two:

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: male female      Date of Birth: \_\_month \_\_day \_\_year

Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_

Travel Insurance: \_\_\_\_Yes, Date \_\_\_\_\_

I decline \_\_\_\_Date: \_\_\_\_\_

Payment method: Cash: amount \_\_\_\_\_ date \_\_\_\_\_

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration: \_\_\_\_\_ security: \_\_\_\_\_

Amount: \_\_\_\_\_ date: \_\_\_\_\_

Billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_