

REGISTRATION FORM

GAI-GWC WINE TOUR OF GERMANY WITH CASEY & AMY

July 3 – 13, 2025

\$5,795 per person from Minneapolis-St. Paul,
based on double occupancy

For office use only



wittetours.com

Fax: 616.957.9716

Register online at bookings.wittetravel.com
using booking code **070325HORN**
or complete and return this paper form

It is your responsibility to **enter full legal name and gender exactly as it appears on your passport**. Errors matching name and gender to passport may incur change fees and risk being denied boarding at the time of departure. If you do not have a passport and are applying for one, provide your full legal name and select the option for passport renewal/application.

Passenger #1 PRINT CLEARLY

First name _____ Middle I do not have a middle name Last _____ Preferred First Name _____
 M F X Birthdate mm ____ / dd ____ / yyyy _____ Citizenship: U.S. Other _____
Home _____ Work _____ Cell _____
E-mail _____ Known Traveler Number (if you have one) _____

Passport Status: Current I do not have a passport My passport has expired. I am renewing.

Passport Number _____ Issue Date _____ Expiration Date _____
(MM / DD / YY) (MM / DD / YY)

Dietary Needs:

Vegan Low Sodium Vegetarian Diabetic Gluten free Other _____

Food allergies: _____

Medical Conditions: _____ Mobility concerns: (walker, wheelchair, etc) _____

Passenger #2 PRINT CLEARLY

First name _____ Middle I do not have a middle name Last _____ Preferred First Name _____
 M F X Birthdate mm ____ / dd ____ / yyyy _____ Citizenship: U.S. Other _____
Home _____ Work _____ Cell _____
E-mail _____ Known Traveler Number (if you have one) _____

Passport Status: Current I do not have a passport My passport has expired. I am renewing.

Passport Number _____ Issue Date _____ Expiration Date _____
(MM / DD / YY) (MM / DD / YY)

Dietary Needs:

Vegan Low Sodium Vegetarian Diabetic Gluten free Other _____

Food allergies: _____

Medical Conditions: _____ Mobility concerns: (walker, wheelchair, etc) _____

Mailing Address

Street Address _____
City _____ State _____ Zip _____

Emergency Contact - **IMPORTANT** someone NOT traveling with you.

Phone (____) _____

Accommodations

Double occupancy. Roommate's name: _____

Roommate not yet known Assistance needed finding a roommate I understand that if a roommate is not available, I will be responsible for the cost of single occupancy.

Single occupancy (+ \$675 per person = \$6,470)

Optional Travel Protection

Witte Travel recommends that you purchase a travel protection plan to help protect you and your trip investment.

The per person premium for this travel protection is \$545* for double or single occupancy.

I/we wish to purchase the travel protection at this time. Full payment of the plan cost is included with my deposit. I have read and understand the policy, which includes the full coverage term details, including exclusions and limitations.

I/we wish to decline the travel protection at this time. I/we understand that travel protection can be purchased later, as long as it is done prior to making final payment on the tour.

*It may be necessary to increase the trip cost insured on the travel protection plan for participants who purchase additional services and/or upgrade their arrangements. This could increase the plan cost.

The full coverage terms and details, including limitations and exclusions, are contained in the insurance policy. To view/download the Policy based on your state of residence at: <http://policy.travelexinsurance.com/381ZA-0924>. Travelex Insurance Services, Inc CA Agency License #0D10209. Insurance coverage underwritten by individual member companies of Zurich in North America, including Zurich American Insurance Company (NAIC #16535, state of domicile: New York), 1299 Zurich Way, Schaumburg, IL 60196. WITEFF

Travel Protection Information:

- You can enroll in this plan when you register for the tour or at any time prior to making final payment on the tour.
- **The pre-existing medical condition exclusion is waived if you purchase within 21 days of your initial trip payment, provided all insureds are medically able to travel. This exclusion applies to You and Traveling Companions as well as traveling Family Members.**
- This travel protection plan is refundable during the 21-day (30 day for IN, NH, & UT residents) review period following the purchase of the plan; as long as you have not departed on your trip or plan to file a claim.
- For more information and an outline of the included benefits, see "Optional travel protection" in the Terms and Conditions of your tour brochure.
- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Please visit www.travelexinsurance.com/company/fraud-warning to view the state specific fraud warnings or call 844.858.9910.

Special Arrangements

Upon confirmation of your special arrangements, a nonrefundable service fee of \$75 per person will be added to your account along with any additional air or land costs that may apply.

Domestic Flight Connections from _____ to _____.

Special Air Arrangements: To spend additional time abroad, I/we would like to depart on _____ and return on _____.

To request special land arrangements (car rentals, hotels, rail, etc.), include a note and we'll contact you.

Signature

I/we have read, understand and accept the terms and conditions as outlined in the tour brochure. I/we acknowledge receipt of information about Witte's Travel Protection Plan as well as the Price Increase Rules.

1. _____ Date _____

2. _____ Date _____

Note – Payment reminders will be emailed to Passenger #1. If no email is provided, payment reminders will be sent by U.S. mail.

Early registration is encouraged!

**Register online at bookings.wittetravel.com
using booking code 070325HORN**

or complete and return this paper form to:

Witte Travel & Tours
3250 28th Street SE
Grand Rapids, MI 49512

Enclose your deposit of \$550 per person. If you are purchasing Optional Travel Protection, add the full plan cost to your deposit.

CREDIT CARD/eCHECK PAYMENT FORM

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It is not secure to e-mail the credit card form.
Please fax or mail back.

Name of Passenger(s):

1. _____

2. _____

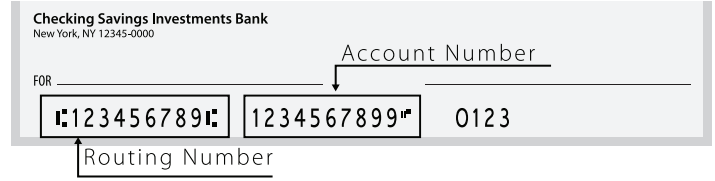
eCheck Payment

Routing Number _____

Account Number _____

Name as it appears on bank account _____

(Please Print)



Credit Card Payment

Type of card: Visa MasterCard Discover American Express

Credit card number _____ Expiration date _____ Security code _____

Name as it appears on card _____

(Please Print)

Billing address of credit card (if other than on application):

Street Address _____

City _____ State _____ Zip _____

Billing phone _____ / _____

I hereby authorize Witte Travel & Tours to charge this bank account/credit card for the deposit and full travel-protection premium (if selected). Remaining payments may be made by either going to bookings.wittetravel.com/login to pay via eCheck or credit card, by sending a check, or by calling 1/800-469-4883. For security reasons, we are unable to store your bank account/credit card information.

Cardholder's signature _____ Date _____

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Reservation ID _____

PAYMENT SCHEDULE:

- Deposit of \$550 per person with Registration Form
- Payment of \$1,600 per person by February 15, 2025
- Payment of \$1,600 per person by April 15, 2025
- Balance due approximately 30 days prior to departure