Self-Guided RESERVATION FORM 8/13

Please mail this completed form with your deposit to:

CYCLEITALIA P.O. Box 1386 Sioux City, IA USA 51102

www.cycleitalia.com

Phone toll-free (877) ITALBIKE (482 5245) Fax (712) 258 1776

e-mail: larry@cycleitalia.com

Name_____

Address_____

City, State, Zip_____

Phone (daytime)_____Phone (evening)_____

e-mail_____

persons traveling with you

1. Name_____will room with_____

2. Name_____will room with_____

3. Name _____will room with_____

4. Name_____will room with_____

5. Name_____will room with_____

Tour Choice

[ ] Piedmont Cycling Resort [ ] Taste of Tuscany

Tour Starting Date (date you will arrive at HQ hotel)

day_____ month_____ year_____

Deposit & Payment

Please include deposit (personal check, money order AND ***credit card authorization***) of **$295 per person**, per trip. (Minimum two persons)

Please review special self-guided cancellation policies prior to mailing your deposit. CycleItalia will mail you complete pre-trip planning information with your initial confirmation package. Final confirmation details with hotel lists, phone/fax numbers, maps, cue-sheets, etc. will be mailed 30 days prior to your departure.

"Pedala forte, mangia bene!"

I certify those listed above will be the only persons traveling with me and I agree to be responsible for them while on the vacation. Persons not listed on this form will not be permitted to participate in this vacation package in any way without prior authorization of CycleItalia, LLC. I agree to pay in full any additional amounts charged to my credit card for the participation of unauthorized persons or damage caused to property of CycleItalia or its hotel or restaurant partners.

*Signature*_____ *Date*_____