

DATE: _____

ADDRESS 119 WEST 40TH STREET, NYC 10018
PHONE 212-391-8747
FAX 212-944-3926 / 212-391-0257
Email: Info@runawaytravelandtours.com



Dear Participant:

Thanks for signing up for one of our Bon Jovi travel packages. We are looking forward to hosting you. In order to finish your reservation, we need you to complete the form below. To confirm your reservation, we need you to fax or email this form back to us. Your reservation will be held for 24 hours.

I hereby authorize Professional Sports Tours DBA Runaway Tours to charge my credit card as outlined below.

LAST NAME(S) _____

PACKAGE PURCHASED : BON JOVI TRAVEL PACKAGE CITY SYDNEY

_____ Packages in the amount of \$ _____ each Total of \$ _____

TOTAL TO BE CHARGED IMMEDIATELY \$ _____
ALL PRICES ARE IN US DOLLARS

PLEASE FILL OUT BELOW:

In lieu of my credit card imprint, I _____ authorize
(Name of Cardholder)

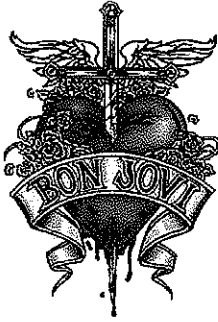
you to charge my credit card; name & # _____

Exp Date: _____ Billing Address _____

By signing, I authorize the charges & cancellation penalties described herein

Signature: _____ Date: _____

CANCELLATION POLICY: This package is NON REFUNDABLE. The purchase of travel insurance is highly recommended. Charges will appear as PROFESSIONAL SPORTS TOURS on your credit card statement. ALL PRICES ARE IN US DOLLARS



SYDNEY (In the event of an added show on Dec 18th you have the option to pre-buy a ticket & transfer below)

NAME (S) _____

FAN CLUB E MAIL ADDRESS : _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ Country _____

ZIP or POSTAL CODE: _____ PHONE: _____

# OF PAX	TYPE	PRICE PER	TOTAL
_____	DOUBLE	\$1399 (US Dollars)	_____
_____	TRIPLE	\$1349 (US Dollars)	_____
_____	QUAD	\$1299 (US Dollars)	_____
_____	SINGLE	\$1699 (US Dollars)	_____
_____	ADD HOTEL NIGHTS	\$200 DATES: _____	_____ TOTAL
_____	ADD CONCERT TICKET	\$275 (only if show is added)	_____ TOTAL

CC NAME _____ # _____ EXP _____
 NAME ON CARD _____ SC _____ AMT \$ _____

CC NAME _____ # _____ EXP _____
 NAME ON CARD _____ SC _____ AMT \$ _____

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 NAME ON CARD _____ SC _____ AMT \$ _____

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 NAME ON CARD _____ SC _____ AMT \$ _____

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