

Artscape Travel

Reservation and Booking Agreement

You agree (on your own behalf and on behalf of the other members of your traveling party (collectively, "Traveler(s)" or "You") to the provisions of the following Reservation and Booking Agreement and the terms and conditions, which form a contract between you and Artscape Travel, LLC ("Artscape Travel" or "We").

Name: Last, First, Middle – Please list name as it appears on your travel identification document.

Address: _____

City, State, Zip: _____

Room Type: Double (1bed) Twin (2 beds) Single (supplement rate applies)

Request a roommate: _____

Email: _____ Phone: _____

Citizenship: _____ Age Group: (Circle One) 18-25 26-35 36-65 65+

Emergency contact Name & Number: _____

Most meals will be set meals or limited choice, so please let us know of special requests with regard to allergies or food preferences at the time of booking. Thank you.

La Dolce Vita trip to Tuscany for artists - \$3,400 per person.

Dates of Trip: _____ Trip Cost: \$ _____

Request a Single Supplement for an additional \$400: \$ _____

Total amount due: All trips are inclusive of items as listed per itinerary on this website. \$ _____

Please note: Travelers are responsible for all airfares, departure taxes, and airline surcharges.

Payment: Check Money Order

Make check or money order payable to: Artscape Travel, LLC and mail to Martha Wetzel, Artscape Travel, LLC, PO Box 566, Woodstock, CT 06281.

All correspondence and receipts will be sent by email whenever possible.

Questions? Email Martha at: info@ArtscapeTravel.com.

Acknowledgments

- Deposit implies intent to travel and acceptance of terms and conditions. By your signature you acknowledge that you have read and agree to the responsibilities and terms of condition of this trip as set forth by Artscape Travel, LLC and as listed on this website.
- We will notify you prior to your departure as to where we will meet you upon your arrival.
- You acknowledge that Artscape Travel, LLC has informed you that you may purchase insurance to protect yourself from possible financial loss in the event that you are not able to travel according to the plans you have made as a result of illness of you or others, work stoppage, bankruptcy, or dissolution of the airlines or other companies, or for any other reason. You understand that failure to purchase this insurance might result in financial loss to me. You understand and agree that you will not hold Artscape Travel, LLC responsible for any possible losses or inconveniences you may incur should you choose not to purchase said insurance.

SIGNATURE: _____ DATE: _____

INSURANCE PURCHASED: _____