Italian Holiday for Adults
Enrollment Form
Summer 2009

Name	**Birth Date**	**Passport #**
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____
6._____	_____	_____
7._____	_____	_____

Address:_____

_____

_____

Phone #:_____

E-mail _____

To reserve your places, please return this form with a check for $500.00 per each person traveling in your group. Deposits must be received prior to January 5, 2009 and are non-refundable.

Make checks payable to: Patty Anton
2934 Ridge Run Rd.
Traverse City, Michigan 49686