



Please complete and fax back to: 1.888.327.2283 or scan & email to: info@gourmetcyclingtravel.com

Traveler One (Contact Person)

Tour Date: _____ # of People: _____

Name: _____ Age: _____

Address: _____

City: _____ State/Prov: _____

Postal Code: _____ Country: _____

Tel: _____ Email: _____

Emergency Contact: _____

Tel: _____ Email: _____

Special Meal Requirements: _____

Payment Method: Visa/MC Check Card #: _____ Expiration: _____ CSV Code: _____

Name on Card: _____ Billing Address (if different): _____

City: _____ State/Prov. _____ Postal Code: _____ Country: _____

Signature of Card Holder*: _____ Date: _____ Charge final payment to this card (Y/N): _____

Room: Shared Bed Two Singles Own Room (Single Supplement)

Cycling on tour: (Y/N): _____ If yes> Height: _____ Seat Height: _____

Bike Details: Need a Carbon/Titanium rental bike (\$400 additional)

Type: Road>Size: _____

Bringing Own Bike (no charge)

GCT Jersey: Size: _____ (included)

Jersey fit: see [Sizing Chart](#) "Euro" fit

*Please remember to bring your own pedals, shoes, and helmet!

Allergies: _____

*By completing and signing this Reservation Form, the signatory hereby irrevocably agrees to Gourmet Cycling Travel, LLC Terms & Conditions. A US\$500/person deposit will be charged to your credit card number provided. Full payment is due 90 days before your tour's start date. Your card will be charged for the full tour amount if there are less than 90 days remaining before the tour start date.

Traveler Two

Relationship to Traveler One: _____

Name: _____ Age: _____

Address: _____

City: _____ State/Prov: _____

Postal Code: _____ Country: _____

Tel: _____ Email: _____

Emergency Contact: _____

Tel: _____ Email: _____

Special Meal Requirements: _____

Room: Shared Bed Two Singles Own Room (Single Supplement)

Cycling on tour: (Y/N): _____ If yes> Height: _____ Seat Height: _____

Bike Details: Need a Carbon/Titanium rental bike (\$400 additional)

Type: Road>Size: _____

Bringing Own Bike (no charge)

GCT Jersey: Size: _____ (included)

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Allergies: _____