



Italy 2024

Travelers Registration Form

(PLEASE PRINT)

Name EXACTLY as it appears on Passport:

First Name _____ Middle _____ Last Name _____

Age: _____ Sex: _____ Total Guests _____

Address: _____

P.O. Box: _____ (If Applicable)

City: _____ State _____ Zip _____

Phone Numbers: (Home) _____ (Cell) _____

Email Address: _____

Paid by: (Check One) check _____ credit card _____

Name on Card: _____

Card #: _____ Exp Date: _____

CVC Code: _____

Tour Date Choice: (Check One)

- _____ May 4-11, 2024
- _____ May 18-25, 2024
- _____ June 1-8, 2024
- _____ June 15-22, 2024
- _____ September 14-21, 2024
- _____ September 28-October 5, 2024
- _____ October 12-19, 2024

I have read the terms on the reverse side and consent thereto by my signature below.

Signature: _____

Diliberto Wine Tours, Inc.
P.O. Box 1500
Jamesport, NY 11947

Email: Salvatore@dilibertowinetours.com

Phone: 631-779-2012

REGISTRATION AGREEMENT

YOU UNDERSTAND THAT BY SIGNING THIS REGISTRATION FORM AND PAYING A DEPOSIT TO DILIBERTO WINE TOURS INC. OF \$1,000.00 PER PERSON, YOU HAVE RESERVED A PLACE ON DILIBERTO WINE TOURS 2024 TOUR FOR THE DATES SELECTED. FULL PAYMENT OF THE BALANCE DUE BY CREDIT CARD OR BY CHECK, WILL BE MADE ON OR BEFORE 6 MONTHS PRIOR TO THE TOUR START DATE. THE TOTAL COST OF THE TOUR IS \$4,599.00 IF PAID BY CREDIT CARD AND \$4,499.00 IF PAID BY CHECK. THERE WILL BE A SINGLE SUPPLEMENT OF \$500.

IN THE EVENT THAT YOU CANCEL YOUR RESERVATION PRIOR TO YOUR TOUR START DATE, YOU WILL RECEIVE A FULL REFUND OF ANY PAYMENTS MADE BY YOU LESS ANY CREDIT CARD PROCESSING FEES WE INCURRED. IF YOUR TOUR IS CANCELLED BY DILIBERTO WINE TOURS, INC., OR BY WORLD CONDITIONS WHICH MAKE IT IMPOSSIBLE FOR THE TOUR TO TAKE PLACE, YOU WILL RECEIVE YOUR CHOICE OF A FULL REFUND OF ANY PAYMENTS MADE BY YOU AS SET FORTH ABOVE OR FULL CREDIT TOWARD ANY FUTURE DILIBERTO WINE TOURS TOUR, SUBJECT TO ANY UP CHARGE IN THE COST OF SAME.