

PASSENGER RESERVATION FORM

PASSENGER #1

(Print name exactly as it appears on passport)

Passport Number _____

Passport Expiration Date _____
Month Day Year

Country of Issue _____

Date of Birth _____
Month Day Year

Gender: _____ Male _____ Female

Address _____

City _____

State _____ Zip _____

Phone _____

American Airlines AAdvantage Number (if applicable)

Global Entry Number (if applicable)

EMERGENCY CONTACT

Name _____

Relationship _____ Phone _____

NOTE:
SEASIDE ROOMS ARE LIMITED AND ASSIGNED ON FIRST-COME, FIRST-SERVE BASIS UPON RECEIPT OF FULL PAYMENT WITH COMPLETED RESERVATION FORM.

(PLEASE PRINT CLEARLY)

PASSENGER #2

(Print name exactly as it appears on passport)

Passport Number _____

Passport Expiration Date _____
Month Day Year

Country of Issue _____

Date of Birth _____
Month Day Year

Gender: _____ Male _____ Female

Address _____

City _____

State _____ Zip _____

Phone _____

American Airlines AAdvantage Number (if applicable)

Global Entry Number (if applicable)

EMERGENCY CONTACT

Name _____

Relationship _____ Phone _____

TOTAL TOUR COST (PER PERSON)

- _____ \$4,200.00 CIAO Member (Double Occupancy)
- _____ \$4,400.00 CIAO Member (Single Occupancy)
- _____ \$4,300.00 Non-Member (Double Occupancy)
- _____ \$4,500.00 Non-Member (Single Occupancy)

**FULL PAYMENT BY CHECK ONLY
PAYABLE TO
CALABRESI IN AMERICA ORGANIZATION**

MAIL TO:
CALABRESI IN AMERICA ORGANIZATION
ATTENTION: C.I.A.O. CALABRIA 2025
1621 North 39th Avenue
Stone Park, IL 60165