



Tel: (626)289-8587
 Fax: (626)289-8653
 245 E. Main St. #120
 Alhambra, CA 91801

Reservation Form (報名表)

Agent Name (旅行社): _____ Departure Date (出發日期): _____

Tour Name (團名): _____ # of Adults (大人): _____ # of Children (小孩): _____

From (出發地): _____ Tel (電話): _____ Fax (傳真): _____

Sex (性別)	Name (姓名)	Passport No. (護照號碼)	Birthday (生日)	Tour Fare (團費)	Sgl. Sup. (單人差價)	Visa Fee (簽證費)
Special Request:		Subtotal	\$	\$	\$	
		Total	\$			
		Deposit	\$		Date Paid:	
		Balance	\$		Date Paid:	

Note: Full payment to be paid 35 days prior to departure (全額請出發日前 35 天繳清).

***Remark (備註):
