

BEST TOUR PUGLIA REGISTRATION FORM

Please indicate TOUR DATES: _____ 2026

One registration form per order of 1-2 participants. GRAZIE!

MAIL A CHECK FOR THE REGISTRATION FEE AND COPY OF YOUR COMPLETED REGISTRATION.

Checks payable to: BEST TOUR PUGLIA

Mail to: Vito Nicola Candelora

Best Tour Puglia

PO Box 2114

Venice, FL 34284-2114

Today's Date:
CIRCLE TYPE ROOM: SINGLE (\$600 deposit) DOUBLE (\$500/ea) COUPLE (\$1000 deposit)
CIRCLE TYPE of BED: 1 Queen-sized Bed or 2 Twin Beds
*First name
*Last Name
*Email
*Phone Number
*Street Address
*City
*State
*Country
*Postal Code
*Anything we should know, especially food allergies or special needs?
*Name of 2nd person if sharing a room
*Phone number:
*Email Address:
*Address (if different)
*Anything we should know about food allergies, etc.?
*I/WE READ & AGREED TO BEST TOUR PUGLIA'S TOUR POLICY for SICILY.
*PAYMENT of BALANCE
Note: If a double room, bill with: 1 invoice or 2 Separate Invoices
Check (save \$100 per person) ~~ Credit Card ~~ American Express (add \$100 per person)