

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)		