

COLLEGE OF THE HOLY CROSS



SALZBURG
VIENNA
PRAGUE

May 19-27, 2007

RESERVATION FORM

I would like to register for the Salzburg - Vienna - Prague Travel Study Tour. I have read the invitation/letter and the brochure that includes the Terms and Conditions and the Special Notices and Advices.

Name: _____

Class Year: _____

Name at Holy Cross (if different): _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

Fax Number: _____

E-Mail: _____

I will be accompanied by:

Name: _____

and

Name(s): _____

Enclosed is a check for my deposit for _____

(\$1,000 per person) made out to Holy Cross

Signature: _____

Date: _____

MAIL TO

Use enclosed return envelope or address to:

Alumni Travel Study
College of the Holy Cross
Box 211-A
Worcester, MA 01610

Please put Alumni Travel/Study Tour on your check.