

Tour: **SICILIAN ESCAPE with MALTA**
Group Name: Travelworld

Departure Date: **Feb. 22 – March 3, 2026**
Group Number: _____

GLOBUS TOURS

For Reservations Contact: Travelworld
Sharon Mattson
(813) 978-0877
sharon@travelworld1.com

Today's Date: _____

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

YOUR INFORMATION

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Cell: _____ Email Address: _____
Passport Number: _____ Date of Issue: _____ Date of Expiration: _____
Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____
Date of Birth: _____ Place of Birth: _____ Gender: ☐ Male ☐ Female
Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

ROOMING WITH

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Cell: _____ Email Address: _____
Passport Number: _____ Date of Issue: _____ Date of Expiration: _____
Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____
Date of Birth: _____ Place of Birth: _____ Gender: ☐ Male ☐ Female
Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: _____ ~ Globus Air or ~ Doing Own Air *(circle one)

PAYMENT INFORMATION

Mail Deposit To: Travelworld
4905 W State Street
Tampa, FL 33609
Mail Final Payment To: SAME AS ABOVE
****MC, VISA & DISC accepted****
Credit Card #: _____
Security Code: _____ Exp. Date: _____
Cardholder Name & Billing Address: _____

☐ Single ☐ Twin
☐ One Bed ☐ Two Beds

Purchasing Travelers Protection Plan:
☐ Yes ☐ No

Deposit Amount: \$ \$500.00 per person

Travel Protection Plan: \$ _____

Total Amount Enclosed: \$ _____

Final Payment Due By: November 6, 2025