

VILLA FERRAIA ALL-INCLUSIVE PACKAGE RESERVATION FORM

Please remit this completed and signed form, with deposit. Send by fax, email, or Postal Service to (303)646-1217, tsorley@peoplepc.com, or DEI!, Inc. c/o Tamara Sorley, P.O. Box 535, Elizabeth, CO 80107-0535. You will be notified upon receipt to confirm your reservation.

LAST NAME (Mr./Mrs./Ms./Dr.) _____

FIRST NAME _____

ADDRESS _____

CITY/STATE/COUNTRY/ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

FAX NUMBER _____

EMAIL ADDRESS _____

DATES REQUESTED: 1ST CHOICE _____

2ND CHOICE _____

TRAVEL COMPANIONS/GROUP NAME _____

NUMBER OF PEOPLE IN PARTY _____

OCCUPANCY: single ___ double ___ twin/share ___

PRIMARY FOCUS (riding, cooking, etc.) _____

LEVEL OF FITNESS _____

SPECIAL CONSIDERATIONS (allergies, dietary restrictions, etc.) _____

EMERGENCY CONTACT INFORMATION

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE NUMBERS _____

HOW DID YOU HEAR ABOUT US? _____

RATE: 4-6 people per group (\$3750 per person) ___; 7+ people per group (\$3550 pp) ___

SUPPLEMENTS: Single (\$850) ___; Palio delle Contrade (\$980 pp) ___

(owner reserves the right to change rates, subject to availability and major currency fluctuations).

*Please inquire about reduced rates at our other property **CASTELLO DI TOCCHI!***

PAYMENT

A **nonrefundable** deposit of 25% total package price, a completed reservation form with signature, and a signed Waiver and Release from Liability and Indemnity Agreement form are required for reservation confirmation.

Package price + supplements = total price, x .25 = \$ deposit amount
Payment Method: Personal check ___ VISA ___ MASTER CARD ___ Money order ___
Credit Card Number: _____ - _____ - _____ - _____
Expiration Date: ____/____; Security Code (3 digit number on back of card): ____
Amount of charge authorized to credit card: \$ _____
Cardholder's Signature _____
Cardholder's Name (please print) _____

DATE CHANGE FEE: \$50 per person (additional to penalties defined in REFUND POLICY)

REFUND POLICY: deposits are nonrefundable. If notice is granted 30+ days prior to departure, 50% of final payment will be refunded. No refunds will be given less than 30 days prior to departure.

FINAL PAYMENT: final payment must be received 45 days prior to trip date.

TRAVEL INSURANCE/PROTECTION PLAN: call Travelex @ 1-800-228-9792 or www.travelex.com.

ADDITIONAL INFORMATION REQUEST FOR HORSEBACK RIDERS:

Please rate your competency level in the saddle:

- ___ Beginner: a rider with limited experience and unable to post the trot or canter.
___ Novice: a rider able to mount and dismount unassisted, capable of applying basic aids, and comfortable and in control at the walk, posting trots, and short canters.
___ Intermediate: a rider with a firm seat, confident and in control at all gaits (posting trot, two-point canter, and gallop), who does not ride regularly.
___ Strong Intermediate: an intermediate rider that rides on a regular basis and is comfortable in the saddle for a minimum of 6 hours daily.
___ Advanced: all of the above, plus soft hands and is capable of handling a spirited horse in open country.

How long have you been riding? ___ years

Type of riding: ___ English ___ Western ___ Jumping ___ Dressage ___ Other

Number of rides each month _____

Preferred tack: ___ English ___ Western ___ Australian

Desired horse type for this ride: _____

Rider age _____ height _____ body weight _____ lb

A WAIVER AND RELEASE FROM LIABILITY and INDEMNITY

AGREEMENT must be signed by all participants in all programs (see printable form). Please sign and remit with your completed reservation form and deposit.

All information that I have provided on this reservation form is accurate and true to the best of my knowledge. I understand that if my statements are false, my reservation may be cancelled or subject to price adjustment. My signature confirms my agreement with the terms therein.

SIGNATURE: _____ **DATE:** _____