



10th Mountain Division Descendants ~ ITALIA 2025 RESERVATION FORM



Please reserve _____ places for me/us on the **10th Mountain ITALIA 2025** tour.
Enclosed is my/our check in the amount of \$ _____ (\$1,000 deposit per person).

IMPORTANT: Please see the enclosed flyer for information regarding Travel Protection, and please complete and return the enrollment form on the reverse of this tour reservation application.

All checks are payable to InterTrav Corp.

I/we wish to travel on (please check one):

☐ Hill Towns Tour ~ **Sept. 13 – 22**

☐ 10th Mountain WWII Tour ~ **Sept. 13 – 26**

Pay by credit card:

Card Number:	Expiration Date:
Address if different from below:	Amount To Be Charged:
Signature:	

Pay by check:

Please make checks payable to:
INTERTRAV CORPORATION

☐ Mr. ☐ Mrs. ☐ Ms.

☐ Mr. ☐ Mrs. ☐ Ms.

PLEASE PRINT NAME IDENTICAL TO PASSPORT

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DATE OF BIRTH _____

DATE OF BIRTH _____

Address _____

Home Phone (Area Code) _____

City _____

State _____

Zip Code _____

Cell Phone (Area Code) _____

Email Address _____

***** FOR ADDITIONAL TRAVELERS, PLEASE ATTACH A SEPARATE LIST *****

☐ I will share a room with (if other than spouse): _____

☐ I do not have a roommate but will share. If a roommate cannot be found, I will pay the single tour price.

☐ I desire single accommodations (subject to availability) at the single tour price.

Widow: ☐ Yes ☐ No **Descendant:** ☐ Yes ☐ No **Other:** _____

Preferred first name(s) for name badge and Army Unit for each member of your party: _____

I/WE WOULD LIKE INTERTRAV TO PROVIDE AN AIRFARE QUOTE FROM THE FOLLOWING CITY: _____

PLEASE MAIL TO:
InterTrav Corporation
203 State Avenue
St. Charles, IL 60174
travel@intertravcorp.com

InterTrav Corporation 
630-377-5840
travel@intertravcorp.com
www.grouptripsandtravel.com