



Registration for Best of Paris
April 27-May 3, 2025

Name _____

Street Address _____

Your City, State, Zip _____

Cell _____

Your email (please print clearly): _____

Age in decades (50s, 60s, 70s, 80s, etc.) _____ M____ F____

Program Details: Check all that apply

- | | |
|---|--------|
| <input type="checkbox"/> Best of Paris Tour 4/27-5/3/25 | \$4350 |
| <input type="checkbox"/> Sharing a room, price per person | \$3950 |
| <input type="checkbox"/> Optional pastry class 4/30 | \$199 |
| <input type="checkbox"/> Optional wine tasting 4/30 | \$99 |
| <input type="checkbox"/> Optional private visit Louvre w Pascale 5/2 (limit 6 people) | \$80 |
| <input type="checkbox"/> Optional extension to Reims 5/3 (additional overnight in Paris) | \$799 |
| <input type="checkbox"/> Walk-in shower upgrade in room | \$199 |
| <input type="checkbox"/> Extra night before or after tour at hotel at group rate paid directly to hotel (Pls indicate your interest so we can notify hotel) | |

Total amount due _____

Enclosed is _____

- \$1000 deposit by check or Zelle [refundable* until 12-15-24; non-refundable after 12-15-24] *minus a \$500 administrative fee
- Full payment by check [after 12-15-24 full payment due]
- Full payment via Zelle [no fee]

Return this form and your check made out to

The French Traveler Inc.

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