

Europe Booking Application

Full names of participants, Passport numbers, Country, Expiration:

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Special Requests:

Is there any member of your party who has special requirements, such as an infant, special dietary or handicap requests? (Special requests will be provided subject to availability or services required).

Name: _____ Requirement: _____

Name: _____ Requirement: _____

Warsaw Extension: ☐

Make checks payable to and mail to:

JLF
25876 The Old Rd. #325
Santa Clarita, CA 91381
(818) 635-6838
email: markblazer@jltv.tv

or include credit card information (Visa or Mastercard):

Name of cardholder: _____

Card Number: _____ Expiration date: _____

Zip: _____ Security Code: _____