



REGISTRATION FORM

Switzerland 2026 Aug. 29 to Sept. 6, 2026

Full Name _____ Veteran? (check if yes) _____
(Names must appear **EXACTLY** as on your Passport)

Traveling Partner _____ Veteran? (check if yes) _____
(Names must appear **EXACTLY** as on your Passport)

Please include a photocopy or picture of your passport information / photo page with this registration.

Names for name tags 1 _____
2 _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: 1 _____ 2 _____ Passport #'s: 1 _____ 2 _____

Emails: _____ Exp. Dates: _____

Phone: _____ Cell Phone: _____

Any special needs, diet, medical etc. _____

Are you celebrating any milestone events such as a birthday or anniversary on the tour? _____

Prices per person double PLUS AIR Deposit Due: \$600 1 Queen Bed: ____ 2 Beds: ____

Do you want to include Gratuities (\$64 pp)? YES ____ NO ____

Do you want us to arrange air? YES: ____ NO ____ Airport _____

A Travel Protection Plan is available and strongly recommended.

Yes: ____ We do want Travel Protection (\$499 pp). Extra Touch will contact you with details.

No: ____ We do not wish to purchase Travel Protection.

Extra Touch Tours L.L.C. (Independent Sales Contractors) act only as an intermediary in the arrangements of your travel and vacation plans and are not responsible for any negligence of the various airlines, cruise lines, tour operators, suppliers, transportation companies, etc. who provide travel, accommodations and other services included in cruise, tour, or vacation packages. Please review all our policies at <https://www.extratouchtours.com/policies>. By my signature I have read and agree to the provisions in this agreement and the terms and conditions posted at <https://www.extratouchtours.com/policies>.

Send registrations to: _____ **Sign:** _____

Email: info@extratouchtours.com
720 E. Norfolk Ave.
Norfolk, NE 68701
Phone: 712-317-9002

Credit Card: Credit Card # _____ Exp. Date: ____ Security Code: ____

Name on Card: _____