RESERVATION FORM – Complete and Email/Mail to:

Ms. Toni Hillman, Lake Arbor Travel, LLC, 102 Dauntly Street, #100, Upper Marlboro, MD 20774. Please make checks payable to: Lake Arbor Travel; or Zelle to: tonihillman@aol.com

Reserve my space to celebrate:	Trip to Egypt	, April 202	26	
My deposit of \$	is enclosed	(\$600.00	per person i	S
required by July 31, 2025)				
PLEASE ENCLOSE A COPY OF YOUR PASSPORT PICTURE PAGE. PASSPORT MUST BE VALID THROUGH OCTOBER 2026.				
E-mail address:				
Name (As it appears on Passpor	rt):	Date of Birth		
Street		City & Sta	te	ZIP
Telephone: Home	Office		Cell	
Name of Roommate				
	Hotel	Bedding: _	1 Bed;	_ 2 Beds
Dietary Restrictions				