

**Trip Destination**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Information**

Traveler's name as it appears on Passport:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Residential Mailing Address**

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Province \_\_\_\_\_

**Contact Information**

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Contact Information**

Full Name \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Insurance**

We can provide you with a quote for cancellation and/or medical insurance for all trips.

Please provide me with a quote for insurance  medical  cancellation  both

I do not require medical or cancellation insurance

\_\_\_\_\_  
Signature Date

If you indicate that you would like us to provide you with a quote for insurance we will contact you within 5 business days via email with the quote.

**Payment Information**

A deposit of \$500 is required to book your spot on each trip. Full payment is required 60 days prior to departure. Please provide us with the credit card information that you would like us to use for these payments.

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Name on the card (if different from traveler): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All travelers are responsible to ensure that they have a passport that is valid for 6 months after the departure date. Deposit will be lost if cancelled more than 60 days prior to departure. Full amount of trip will be lost if cancelled 60 days or less prior to departure. Prices are subject to change without notice until deposit is paid.

I have read the above statement, understand it, and agree to it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_