



APPLICATION FORM

Please book ___ seat(s) on the “_____” tour departing _____.

Enclosed is my/our deposit of _____ (\$750 per person, *plus* insurance premium if taken.)
Deposit and insurance premium, if taken, are due with registration. You will be invoiced for the balance approximately 45 days prior to departure.

WE NOW REQUIRE A COPY OF YOUR PASSPORT - VALID FOR 6 MONTHS AFTER RETURN - TO BE SENT WITH YOUR APPLICATION FORM AT TIME OF REGISTRATION.

Name as it appears on passport. Indicate the appropriate title before each name (Mr., Mrs., Miss, Dr., Ms.)

NAME(S): _____

If applicable, give your commonly used first name as you would like it to appear on your name tag:
(e.g. “Liz” for “Mary Elizabeth”) _____

EMAIL: _____

ADDRESS: _____

_____ Postal Code: _____

PHONE: (Residence) _____ (Business) _____ (Fax) _____

If traveling alone, please indicate your willingness to share accommodations: YES _____ NO _____

SINGLE ROOM REQUIRED: _____

(We will try to find a roommate for those willing to share, but cannot guarantee success in doing so. For single travelers we are not able to match, the single supplement will apply.)

SPECIAL REQUESTS: (Dietary, wheelchair assistance, frequent flyer number, twin beds, etc.): Please list here so we can do our best to assist you:

I/we agree to the “terms and conditions” attached to the program.

Insurance, I/we accept:

All-inclusive Package _____ Non-medical Package _____ Decline Insurance _____

Signature (s) _____

If purchasing travel insurance, we require your date of birth:

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

PAYMENT:

Cheque payable to Pauwels Travel Visa American Express Mastercard

Amount Paid: _____

Card Number: _____ Expiry: _____

Signature: _____