



# fitzmaurice TOURS

## Registration Form

Tour Name: \_\_\_\_\_ Tour Leader: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

**Personal Data:**

*In order to assure the accurate processing of your registration form please print clearly and use capital letters only.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(as it would appear on your passport)  
 Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 City & State: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  M  F  
MM DD YY

*If under 18, please give the name of the parent or guardian who consents to your participation on this tour.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 City & State: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

I would like to receive detailed information about Traveler's Medical Insurance  Yes  No

**Please remember to sign your application**

I have completely read and fully understand the "Release and Agreement" and the "Booking Conditions" as supplied herewith, and agree to be bound hereby, and to comply therewith.

Singature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

I am the parent or legal guardian of the above (minor) applicant. I have completely read and fully understand the "Release and Agreement" and the "Booking Conditions" as supplied herewith, and agree to be bound hereby, and to cause the above applicant to comply therewith.

Singature of parent or legal guardian \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** Upon completing and signing this form, you must give it to your Tour Leader, accompanied with a non-refundable \$100 tour deposit (which will be applied toward the total Tour Fee) to insure a space on the tour.