

Tour Application Form

Each tour member must complete and sign the form. Please send a form and a \$500 deposit check per person to Community Travel Service LLC: P.O.B. 6259 Albany, CA 94706. Contact us if you would like to pay by credit card.

Tour Name _____

Tour Date _____

1. About yourself

Salutation: () Mr. () Mrs. () Miss. () Ms. () None

Name: First _____ Middle _____ Last _____
(Please use name as it appears on your passport.)

How would you like to be addressed? _____

Address _____ City _____ State ___ Zip Code _____

Phone: Daytime _____ Evening _____ Cellular _____

Email: _____

May we include your Email address on our tour group roster? () Yes () No

Date of Birth: _____ Nationality: _____

Passport Number: _____ Passport Expiration Date: _____

Please introduce yourself briefly.

2. Accommodation Preference:

() Double occupancy with _____

Prefer () twin beds () double bed

() Single occupancy at supplementary cost

3. Health Information:

Please list any past or present physical or psychological conditions (including dietary restrictions or allergies) which you would like to inform medical professionals in case of an emergency.

Primary Doctor:

Name: _____

Tel: _____

Address _____ City _____ State _____ Zip code _____

4. Emergency Contacts:

Please list two people not traveling with you to contact in case of an emergency.

Name: _____ Name: _____

Relationship _____ Relationship _____

Day Phone: _____ Day Phone: _____

Evening Phone: _____ Evening Phone: _____

Cellular Phone: _____ Cellular Phone: _____

This is to certify that I have carefully read the itinerary and the Terms of Conditions. I agree upon legal ramifications of the agreements as well as the conditions of the tour. My signature here serves as a release and assumption of risk for myself, my heirs, administrators and all members of my family.

Signature of Applicant _____ Date _____