

# 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.

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## 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.

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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 \_\_\_\_\_