

Divine Adventures Egypt Traveler Registration Form



Traveler's Name:	
Address:	
	Street
City	State Zip Code
Telephone: Home: () Work: ()	Cell: ()
Email:	
Tour & Extension Names & Dates:	
Double w/ 1 bed, Twin w/ 2 beds, or Single Occup	ancy:
If Double/Twin, Name of Traveling Companion:	
Passport Information: (Name <u>exactly</u> as it appears on page of Passing PP Expiration Date, Date of Birth) Name:	• • • • • • • • • • • • • • • • • • • •
PP #:	Country:
Exp mm/dd/yy:	DOB mm/dd/yy:
Medical Conditions/Allergies/Dietary Restrictions:	
Signature:	
To Register: (Additional information will follow within 2 weeks of re Return completed and signed registration form with a \$888* non-redirect deposit to DA Bellco Account; +3.6% for credit card/PayPal) Junia Gail Imel Divine Adventures PO Box 260362 Denver, CO 80226	gistration.) efundable deposit (cash, check, money order, or
NOTE: Payments Due: *\$888 due upon registration; 50% due 16 weeks prior; 100% due 12 weeks prior National and international flights are not included unless noted in program. If purchased through DA, payment for air tickets is due at the time of issue.	NOTE: +3.6% for Credit Card/PayPal Payments Cancellation Fees: Minimum fee \$888 90-120 days prior departure 50% of land cost 89 days or less 100% of land cost No refunds for air tickets once issued.