

Divine Adventures National Traveler Registration Form

Traveler's Name:	
Address:	
Number	Street
City	State Zip Code
Telephone: Home: () Work: ()Cell: ()
Email:	Date of Birth:
Tour & Extension Names & Dates:	
Double w/ 1 bed, Twin w/ 2 beds, or Single Occu	ıpancy:
If Double/Twin, Name of Traveling Companion:	
Medical Conditions:	
Allergies:	
Special Diet or Dietary Restrictions:	
Signature:	Date:
To Register: (Additional information will follow within 2 weeks of Return completed and signed registration form with a \$500* not direct deposit to DA Bellco Account; +3.6% for credit card/PayF Junia Gail Imel Divine Adventures PO Box 260362 Denver, CO 80226	n-refundable deposit (cash, check, money order, or
NOTE: Payments Due: *\$500 due upon registration; 50% due 10 weeks prior; 100% due 6 weeks prior National and international flights are not included unless noted in program. If purchased through	NOTE: +3.6% for Credit Card/PayPal Payments Cancellation Fees: Minimum fee \$500 70-41 days prior departure 50% of land cost