

Light Travel REGISTRATION FORM

Check the options for which you are registering:

- Single Supplement (for hotels and cruise) \$550 US Dollars
 Double - See my roommate selection below Please assign me a roommate

For international travel please include passport information:

Name exactly as it appears on your passport

Citizenship (originating passport) USA, Canada, Other _____

Passport Number _____ Expiration Date _____

(A copy of your passport must be on file at the office prior to departure. Mail, fax, or electronic delivery accepted.)

Name or nickname you would like on your nametag

Address _____

City _____ State _____ Zip _____

Country _____ Postal Code _____ Nearest Major Airport _____

Phone (Daytime) _____ (Evening) _____ (Cell) _____

Email _____ Fax _____

Website(s) _____

FLIGHT PREFERENCE:

Special services required, please list _____

ROOMMATE PREFERENCES:

I have a roommate - (name) _____

...We would like 2 single beds or 1 double bed (if possible).

Please choose a roommate for me.

I prefer a single room and am willing to pay the single supplement fee of \$550.

NON-SMOKER

SMOKER

DIET:

Vegetarian

I eat most everything.

Other dietary restrictions _____

MEDICAL CONDITIONS:

Do you have any medical conditions you would like us to be aware of? (any prescription brought on the trip must be in original containers) _____

EMERGENCY CONTACT PERSON: Please give the name, address, phone and email address (if available) for a person at home that we can contact.

Name _____

Address _____

Phone (Day) _____ (Evening) _____ (Cell) _____

Email address _____

PAYMENT: A deposit of \$500 (USD) is due at the time of registration to reserve your place. Please make your check (credit card, bank checks, money orders and credit card checks are all acceptable) payable to: Light Travel. The remainder of the tour fee, plus single supplement, and other add-on fees (if applicable), are due 8 weeks prior to your tour departure date. Your deposit constitutes an agreement to pay the remaining amount due. Cancellations will be accepted but no refunds will be issued.

_____ Credit Card Payment. If you are paying by credit card please indicate that and we will call you to get the appropriate information.

_____ Payment in USD is enclosed in the form of check or money order.

_____ Call or email for directions for an electronic transfer of funds. _

Please make a copy of this form for you records.

We will be sending (via email or fax) receipts for your payments but not all the information on this form.

Mail this form and deposit to:

Light Travel-Egypt, 1161 W. 94th Place, Crown Point, IN 46307 USA

Telephone in the USA: (219) 662-7248 or (219) 663-8282

Email: heather@heatherharder.com