

REGISTRATION FORM

Name _____
(Please Print) Last First Middle
Address _____
City _____
State ZIP Age Date of birth _____
E-Mail _____
Tel. () _____ - _____
Work Tel. /Cell _____ - _____



HEALTH RECORD TO BE COMPLETED BY ALL PARTICIPANTS:

TRIP TO _____
Dates _____

- Yes No Is the above participant in good health and able to travel without medical supervision?
Yes No Has the above participant ever required psychiatric care Or special counseling?
Yes No Is the above participant presently under a doctor's care Or taking any medications?

If yes to either of the last two questions, please attach details.

PLEASE CHECK THE FOLLOWING IF APPLICABLE:

- I am an adult age 21 or over.
 I am an adult participant traveling with my spouse.
 I am signing up independently from the group and buying the air package only.
 I will be booking my own round trip airfare. I do not want air but am booking for the land only package.
 I will be leaving or departing at a different date and time and understand that the tour will begin and end at RG's designated hotel.

Signature of participant

Signature of parent/guardian (if applicable)

Please mail completed registration and applicable disclaimer form(s) together with \$25 check or money order* to:

Richard Gill
3802 Teeside Drive
New Port Richey, Fl.
34655

- The \$25 registration fee is non-refundable (unless the trip is canceled due to lack of interest).
- The \$25 registration fee is not part of the trip's package price.