



**TravelGingie'sWayInc**

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Atlanta,GA 30388

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ENDORSED BY



MEMBER



## Travel Registration Form

**Tour:**

**Departure:**

Participant Name: \_\_\_\_\_

*(As it appears or will appear on your passport)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Passport #: \_\_\_\_\_ Issued (city): \_\_\_\_\_ Citizen of: \_\_\_\_\_

Valid From: \_\_\_\_\_ Valid To: \_\_\_\_\_

Parents (Guardians) Name: \_\_\_\_\_

*(For students)*

Emergency Contact: \_\_\_\_\_ Relation To: \_\_\_\_\_

Contact Address and Telephone (if different from above): \_\_\_\_\_

Please list any special information regarding health or dietary requests: \_\_\_\_\_

I understand the "Terms and Conditions" for this tour, as well as the "Payment Schedule":

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If student traveler, parent/guardian must sign)*