

Deposit Check Payable to:
TRAVEL WAYS

Please Include Valid Full Name as ID or
Passport also Date of Birth & Gender as
required by TSA

Name of Tour _____

Tour Date: _____

Tour Code: _____

NAME:(1) _____

DOB: mm/dd/yyyy

Gender: M / F

Mileage: _____

NAME:(2) _____

Mileage: _____

NAME:(3) _____

Mileage: _____

NAME:(4) _____

Mileage: _____

ADDRESS: _____

CITY _____

STATE _____

ZIP CODE _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email if Any: _____

Room Arrangements: Double Triple Quad Single Share

Invoice:

- I will return with the group
- Plan to deviate or return later
- Non-Smoking Smoking
- Will use Credit card for air ticket

In Case of Emergency, please notify

Name: _____ Relation: _____

Address: _____

Day Ph#

Night:

Type: VISA American Express Master Card Discover

CREDIT CARD #: _____

Expiration Date: _____ mm/yyyy

Signature _____

Deposit Amount: _____

As a rule, final payment is due 45-60 days prior to departure for all tours. Please be sure that your payment is in our office on or before that time as we have to pay our suppliers and some of whom have strict requirements. For your deposit, your cancelled check is your receipt. If other tours have different requirements, we will advise you when you sign up.

By signing this document:

- 1) I certify that to the best of my knowledge the persons which appears on this registration form are in good health. We strongly recommend that tour members see their physician before taking any trip, no matter where you travel.
- 2) I have read and agreed to all terms, conditions, responsibility and liability limitations in the Tour Conditions.

Please Sign: _____

Spouse(if applicable) _____

INSURANCE: yes no
I/We want to purchase Insurance

Please call us (9am-4pm weekdays) if you have any questions.