



TRIP NAME _____

DATES _____

Your Name _____

Address _____

Phone _____

Email _____ Birthdate _____

Passport # _____ Passport Expiration Date _____

Rooming Options

_____ I would like to share a room with (roommate's name) _____

_____ I would like to share a room, if you have a roommate for me. (If not, I will pay the single room fee.)

_____ Single room, if available (extra fee)

Any chronic/recurring health conditions _____

Any dietary restrictions _____

Health insurance company & policy# _____

Emergency contact (name & ph) _____

e-Signature _____ **Date** _____

Please email this form to: kimslifetours@outlook.com

**\$300 nonrefundable deposit required to complete registration.
Payment by check, Zelle, PayPal, or credit card, please.
(Credit card payments will be assessed a 3.5% surcharge.)**