



TRIP NAME: London Theatre Experience

DATES: June 21–30, 2023

Your Name _____

Address _____

Phone _____

Email _____ Birthdate _____

Passport # _____ Passport Expiration Date _____

I will share a room with (roommate's name) _____

Any chronic/recurring health conditions _____

Any dietary restrictions _____

Health insurance company & policy # _____

Emergency contact (name & phone)

e-Signature _____ Date _____

Please email this form to: kimslifetours@outlook.com

**\$400 nonrefundable deposit required to complete registration.
Payment by Zelle or check.**

Terms and conditions at www.kimslifetours.com.
Please note: Covid vaccination is required.