



Bike Mallorca April 24 – May 4, 2024

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, approx. \$500)

Any chronic/recurring health conditions _____

Any dietary restrictions _____

Health insurance company & policy# _____

Emergency contact (name & phone)

Signature _____ Date _____

Please email completed registration form to:

kimslifetours@outlook.com

Please note: We will adhere to local Covid requirements that may include masking indoors and proof of vaccination.
Please send a copy of your passport with this completed registration form.

More information: kimslifetours.com