

Kim's LifeTours, LLC

REGISTRATION FORM

March 24 - April 4, 2025
Bike Mallorca

NAME _____

ADDRESS _____

PHONE _____

E-MAIL _____ BIRTHDATE _____

PASSPORT NUMBER _____ 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 supplement.)

_____ Single room (est. \$600 single supplement)

ANY CHRONIC/RECURRING HEALTH CONDITIONS _____

ANY DIETARY RESTRICTIONS _____

HEALTH INSURANCE COMPANY & POLICY # _____

CONTACT IN CASE OF EMERGENCY (name & phone)

SIGNATURE _____

DATE _____

**Please return this form with your \$400 (nonrefundable) deposit
(payable by Zelle)**

Kim's LifeTours, LLC

Kim O'Flaherty
715-252-2672