

Divine Adventures Traveler Registration Form



Traveler's N	lame:					
Address: _	Number		Street			
-	City		State			Zip Code
Telephone:	Home: () Work: <u>(</u>)	_Cell: ()	
Email:						
Tour Dates:						
Double or S	ingle Occupar	ncy:				
If Double, N	ame of Traveli	ng Companion: _				
Passport In Expiration Date	formation: (Na te, Date of Birth)	nme <u>exactly</u> as it appe	ars on passpo	ort, Passport Nu	mber, Country	y of Issue,
		y Restrictions:				
				te:		

To Register*:

Return completed and signed registration form with a \$600* non-refundable deposit (check or money order) to:

Junia Gail Imel Divine Adventures PO Box 260362 Denver, CO 80226

*Additional information will follow within 2 weeks of registration.

NOTE: Payments Due:

*\$600 due upon registration; 50% due 12 weeks prior; 100% due 8 weeks prior National and international flights are not included. If purchased through us, payment for air tickets are due at the time of issue.

Cancellation Fees:

Minimum fee \$600 46-90 days prior departure 50% of land cost 45 days or less 100% of land cost No refunds for air tickets once issued.