Divine Adventures
Traveler Registration Form

Traveler's Name: _____

Address: _____
Number *Street*

_____
City *State* *Zip Code*

Telephone: Home: (____) _____ **Work:** (____) _____ **Cell:** (____) _____

Email: _____

Tour & Extension Names & Dates: _____

Double w/ 1 bed, Twin w/ 2 beds, or Single Occupancy: _____

If Double/Twin, Name of Traveling Companion: _____

Passport Information: ***(Name exactly as it appears on passport, Passport Number, Country of Issue, Expiration Date, Date of Birth)*** ***Name:*** _____ ***PP #:*** _____
Country: _____ ***Exp mm/dd/yy:*** _____ ***DOB mm/dd/yy:*** _____

Medical Conditions/Dietary Restrictions: _____
_____
_____

Signature: _____ **Date:** _____

To Register*:
Return completed and signed registration form with a $600* non-refundable deposit (cash, check or money order; +3.2% for credit card/PayPal) 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 16 weeks prior; 100% due 12 weeks prior
National and international flights are not included unless noted in program. If purchased through us, payment for air tickets are due at the time of issue.
NOTE: +3.2% for Credit Card/Paypal Payments

Cancellation Fees:
Minimum fee $600
90-120 days prior departure 50% of land cost
89 days or less 100% of land cost
No refunds for air tickets once issued.

If you were personally referred to us, please note who referred you: _____