

Tour "The Spirit of Martin Luther"
Travel Date: August 09 - 20, 2012

Please Print:

Complete name: \_\_\_\_\_ (as it appears on passport!)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Gender: [ ] Female [ ] Male

Passport Information: Country of issue: \_\_\_\_\_ Number: \_\_\_\_\_
Expiration date: \_\_\_\_\_ Birth date: \_\_\_\_\_

Special meal/dietary requests: \_\_\_\_\_

Allergies/medical conditions: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_
Relationship to traveler: \_\_\_\_\_
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Type of Room: [ ] Single [ ] Double [ ] Twin (two separate beds, availability is limited)

Roommate: \_\_\_\_\_

\_\_\_\_\_ (initial) I have read and I agree to the Terms & Conditions of this trip.

- [ ] I have been offered Travel Insurance for this trip - I decide not to purchase travel insurance through TGAC.
[ ] I have been offered Travel Insurance for this trip - I request to be provided with travel insurance information.
[ ] I book my flight myself. [ ] I need assistance for flight bookings.
[ ] I want to pay the with my creditcard - I request the creditcard payment authorization form (add fee of 5%).
[ ] Enclosed is my deposit check of \$800 per person. Please make the check payable to JO ANN WOLF.

Other indications: \_\_\_\_\_

Signature: \_\_\_\_\_ Location: \_\_\_\_\_ Date \_\_\_\_\_

To be assured of reservation, please complete and mail (or Email) this registration form to:
TGAC c/o Jo Ann Wolf, 605 Ross Street, Brenham, TX 77833, Phone: 281-630-6764, E-mail: info@tgac-us.com