

Tour "Metro Tango Reunion Tour 2012 in Germany"
Travel Date: August 01- 06, 2012 (Wednesday - Monday)

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 Triple (availability of twin bed/triple rooms is limited)

Roommate(s):

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

- I have been offered Travel Insurance - I decide not to purchase travel insurance through TGAC.
- I have been offered Travel Insurance - I request to be provided with travel insurance information.
- I need assistance booking my/our flights.
- I need assistance with travel preparations prior/after the Reunion trip Aug 01- 06, 2012.
- 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 \$200 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: