

17 Freetown Rd, Raymond, NH 03077 603-895-3000

## **Signup Sheet**

Please Print

		Sign up Date:
Trip Name: MOROCCO		
Full Legal Name: Last:	First:	Middle:
Date of Birth:/PI	none Number: home	cell
Address:		_
Email address:		_
Emergency contact: (Not traveling wit	h you)	
Name:	Phone Number:	Relation:
Rooming with:		
Room type preference:One Bed	Two Beds (one bed is	s a request and not guaranteed)
T-Shirt Size:		
Medical:		
C PapOxygen: Dietary: _		Mobility:
Other Requests:		
We highly recommend travel insurance initial sign up for this tour. Will you be PASSPORT REQUIRED		nnce must be purchased within two weeks of your sNo
Passport Information*:	Issue Date:	//Expiration Date://
•	t book and MUST not expir al name must match your p	re within 6 months of the trip departure date. passport or passport card.
By signing below, you agree to and un	derstand our policies as sta	ated on the flyer and on our website.
Signature:		
For Office Use Only: Date receiv	ved: Processed b	y: Passport Received