

Dr. Marie Noel Keller RSM

230 Trayor Street Apartment B

Exeter, Pa 18643

570-690-1838

Participant Travel Application Form

Tours with a Difference

TRAVELER INFORMATION

Clearly print your full name as it appears on your passport or other government issued travel documentation.

First: _____ Middle: _____ _____ Last: _____ Suffix:

Street Address: _____ _____ ____

City: _____ _____ State: _____ Zip: _____

Phone: _____Cell: _____ _

Email: _____ _____ _____ __

Gender: ☐Male ☐Female _____ Date of Birth (month/day/year) _____ _____

Passport Number: _ _____Expiration Date: _____ Date of Issuance: _____ _____

City: _____ State: _____ Country of Issuance: _____ _____

Citizenship: _____ _____ _____

EMERGENCY CONTACT INFORMATION

Name: _____Relationships: _____

Phone: _____ Phone: _____ _____

Email: _____ Cell: _____ _____ __

TOUR PRICING

☐All Tour prices are based on Double Occupancy and a minimum of 20 travelers. Tours under 20 travelers may see an increase in the tour cost up to $200 per person) Any such increase will be communicated to all registered travelers. The tour price may increase resulting from unforeseen increases in government-imposed taxes or fees. Final payments are non-refundable.

ALL PAYMENTS ARE TO BE MADE PAYABLE TO: Trips 4 Troops

By signing below, I certify all information is true and correct to the best of my knowledge, and that I have read and agree to the conditions of participation attached with this application.

Signature Required: _____ Date: _____ _____

PLEASE RETURN SIGNED FORM TO Dr. Marie Noël Keller RSM 230 Trayor Street Apartment B Exeter, Pa. 18643,