ENROLLMENT FORM - (1 form required for each participant - Please print clearly)

Please reserve my place on the 13-day tour of Portugal an	nd Spain departing SEPTEMBER 1, 2025.
I will depart from:	_ (Give city of departure if not New Jersey)
🛮 Mr. 🖟 Mrs. 🖟 Ms. 🖟 Other:	
Name as it appears on the passport:	
Nationality: Passport number:	Date of Issue:
Date of Expiration: Place of issue/Issuing Authority:	
Date of Birth Place of Birth (city/state/country):	
Mailing Address (Street):	
City: State/Province:	
Present Occupation (If retired, state former occupation):	
Phone and Mobile:e-mai	
□I will share a room with: □I do not ha	
Preferred name for tags / badges / rooming list:	
My food preference or allergies (Please list foods you cannot eat, if	
any.):	
I experience motion sickness: Yes No Do Smoke? Yes Yes	□No If yes, you must smoke outside.
I take medication: Yes No (If yes, take prescri	
else (handicaps / difficulty in walking, etc.):	
FIT TO TRAVEL Statement: Passengers registering for this tour accept the response	
and travel on this tour. Many sites are not accessible to the physically challer	
ambulatory assistance will find the tour experience somewhat limiting. If you	
for additional details or information or if you have questions or concerns.	nave any questions, please contact your tour nost
·	Phone:
Relationship:	
Signature of tour member:	Date:

NOTES AND MONEY MATTERS:

Prices on brochures are based on current values of the US dollar as of January 30, 2025 and are subject to adjustment in the event of drastic changes. Your Passport must be current and valid for at least SIX MONTHS beyond the return date of the tour to your home country. If your passport is awaiting renewal, inform the host when the application for passport was sent. Include a scan copy of your current passport. Mail the completed form with your DEPOSIT to your Tour Host as soon as possible. Keep a photocopy of this form and check for your records. For Registration or information, call, text or see your Tour Host:

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