

KENYA TANZANIA FOR WOMEN 2017 Registration Form

Participant 1

Name (as it appears in passport): _____

Date of Birth: _____

Participant 2

Name (as it appears in passport): _____

Date of Birth: _____

Street Address: _____ Apartment: _____

City: _____ Province/State: _____

Postal Code/ Zip: _____ Country _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Please reserve ____ place(s) for

KENYA TANZANIA FOR WOMEN 2017

OPTIONAL EXTENSION TO PAXTU

I plan to share hotel accommodations with: _____

I am willing to share with another participant

Non-smoker only

Attached is my cheque in the amount of \$ _____ \$500.00 USD deposit

Attached is my cheque in the amount of \$ _____ USD balance of tour price

Please make cheque payable to: Vision Travel Solutions

Return this completed form to:

Going Places Together – 134 Delamere Ave. Stratford, Ontario, CANADA N5A4Z5

For payment by credit card, please fill in the second page of this document and return it with this registration.

Deposit is \$500.00 USD

CREDIT CARD AUTHORIZATION FORM:

(All credit card charges will be processed by Vision Travel Solutions

Date: _____ I authorize Vision Travel Solutions,

sign please

to charge the amount of _____

: _____

: _____

to my: _____ Visa, _____ Mastercard, _____ American Express

Card # _____ expiry date: _____

Name on card (please print): _____

Cardholder signature: _____

Date: _____

Billing Address: _____

City/Province/State: _____

Country _____

Postal Code/zip: _____

Telephone: _____ Fax: _____

Email: _____