

# 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: \_\_\_\_\_