



EUROPEAN TOUR REGISTRATION FORM

TOUR NAME: _____

TOUR DATES: _____

TOUR PARTICIPANT:

Your Name _____ Phone _____
please print name exactly as it appears on your passport

Address _____ Fax _____
City, State, _____
Zip _____ Email _____

ROOM TYPE: Single
 Double Roommate: _____
please print name

PAYMENT METHOD:

Current Payment Amount: \$ _____ Deposit Only
 \$ _____ Full Amount

Check Enclosed - Payable to: TAKE MY MOTHER * PLEASE

Credit Card Payment: Visa or M/C (circle one)
credit card number: _____
expiration date: _____
cardholder name: _____
signature: _____

_____ Initial here: I understand that payment by credit card will incur a processing fee of 3%.

_____ Initial here if you would like Take My Mother*Please to automatically charge the same credit card for final payment 60 days prior to departure.

IN CASE OF EMERGENCY:

PLEASE PRINT Please provide the name, address & phone number of whom to contact.

Name _____ Phone _____
Address _____ Relationship _____
City, State, _____
Zip _____

I, as **Participant**, have read and agree to all the terms and conditions in the document, "General Information and Conditions."

Signature: _____ Date: _____