

TOUR MEMBER INFORMATION FORM - HEALTH HABITRAVELS BALI 2010

Return completed form with deposit - one form per person, please

EXACT PASSPORT NAME: _____

NAME AS YOU'D LIKE IT TO APPEAR ON THE TOUR MEMBER LIST:

MAILING ADDRESS: _____

DAY PHONE: () _____ EVENING PHONE: () _____

EMAIL ADDRESS: _____

I'VE ENCLOSED A CHECK IN THE AMOUNT OF \$350 _____

CHARGE MY DEPOSIT TO CREDIT CARD NUMBER _____

CREDIT CARD EXPIRATION DATE _____ CREDIT CARD SECURITY CODE _____

I WILL SHARE A ROOM WITH: _____

ARRANGE A ROOMMATE. MY SEX IS: _____ F _____ M

I'LL PAY THE SUPPLEMENT FOR SINGLE ACCOMMODATIONS: _____ YES _____ NO

PASSPORT NUMBER, EXPIRATION DATE AND COUNTRY OF CITIZENSHIP:

I NEED ASSISTANCE WITH FLIGHT ARRANGEMENTS. THE AIRPORT CLOSEST TO MY HOME IS:

I'VE MADE MY OWN AIR ARRANGEMENTS
I WILL ARRIVE IN BALI ON (LIST AIRLINE AND FLIGHT NUMBER): _____

I WILL DEPART BALI ON (LIST AIRLINE AND FLIGHT NUMBER): _____

LIST ANY MEDICAL OR OTHER CONDITIONS OF WHICH HEALTH HABITRAVELS SHOULD BE AWARE:

LIST ANY SPECIAL DIETARY RESTRICTIONS: _____

NAME, PHONE NUMBER(S), EMAIL ADDRESS AND RELATIONSHIP OF PERSON(S) TO BE CONTACTED IN
CASE OF AN EMERGENCY:

CHECKS SHOULD BE PAYABLE TO MICHAEL'S TRAVEL CENTRE AND MAILED TO:
MICHAEL'S TRAVEL CENTRE
ATTN: DIANE EMBREE - BALI BARONG TOURS
2772-B TOWNSGATE ROAD
WESTLAKE VILLAGE, CA 91361

QUESTIONS? PLEASE CONTACT DIANE EMBREE AT:
866.GO2.BALI (866.462.2254) or DIANE@BALIBARONGTOURS.COM