

Bird Treks Registration Form

We can accept a check, money order, wire transfer, or PayPal for the deposit and tour fee.

I/We wish to register for the following tour:

TOUR NAME _____

TOUR DEPARTURE DATE _____ TODAY'S DATE _____

DEPOSIT ENCLOSED (see **accepted payments above**) \$ _____ for _____ person(s).

Balance is due **60 days** prior to departure date.

NAME(S) _____ sex _____
_____ sex _____

ADDRESS _____

CITY _____ STATE/PROV _____

POSTAL CODE _____ COUNTRY _____

PHONE: Home (_____) _____

Business (_____) _____ Cell (_____) _____

E-MAIL ADDRESS _____

___ I wish to have a single room, whenever possible, at additional cost.

___ I have a roommate (Name) _____

___ I wish BIRD TREKS to provide a roommate, but if none is available, I understand there will be no extra charge.

I am a ___ non-smoker ___ smoker

Please list **ALL health problems** and **special dietary needs**:

In case of emergency, notify

Name _____ Relation _____

Phone Number _____

Please include the following information if your travel requires a passport:

Your complete name as it appears on your passport: _____

Your birth date: _____ Passport #: _____

Expiration date: _____ Country of issue: _____

I wish BIRD TREKS to handle my flight arrangements:

___ Yes ___ No ___ only after my approval

If yes or with approval, please complete the following information

Preferred Departure City/Airport _____

Alternate Departure City/Airport _____

Departure Date _____ Return Date _____

Preferred Airline(s) _____

Frequent Flyer Number(s) _____

Seating Preference (please circle): Economy First Class Window Aisle

Senior Citizen (62 years or older): ___ Yes ___ No

Preferred Payment of Airfare (Circle one)

Check Money Order Credit Card: AmEx MC Visa

Card # _____ Exp. Date _____

Name as it appears on the card _____

Please complete the above Registration Form, sign and date the Release Form,
and mail both forms with your deposit to:
BIRD TREKS, 216 Spring Lane, Peach Bottom, PA 17563-4008 USA