![C:\Users\CAROL JAMES\AppData\Local\Packages\microsoft.windowscommunicationsapps_8wekyb3d8bbwe\LocalState\Files\S0\3616\5DWD7O6O[2305843009213884115].PNG]() **REGISTRATION FORM** **Please Print Clearly!**

 • **Caroljamestravel.com** 336 Meeker Street, South Orange, NJ 07079 **Inaccurate information will result in**

 • **Carol.James@AvoyaNetwork.com l** **Carol JamesTravel@gmail.com** **travel delays and/or airline change fees.**

 **• T: (973) 476-3260 l T: (973) 220-6429**

|  |
| --- |
|  **[ ] I attest that the names(s) provided below, including middle name, is as it appears on the passport and understand**  **that costly name change fees will be incurred if incorrect.** |

|  |  |
| --- | --- |
| **NAME (1ST Guest) Citizen: Yes No** | **NAME (2nd Guest) Citizen: Yes No** |
| **Middle Name**  | **Middle Name** |
| **Last Name** | **Last Name** |
| **Birth Date [ ] Male [ ] Female** | **Birth Date [ ] Male [ ] Female** |
| **Phone #** | **Phone #** |
| **Passport # Issuing Country**  | **Passport # Issuing Country** |
| **Passport Issue Date (M/D/Y)** | **Passport Issue Date (M/D/Y)** |
| **Passport Expiration Date (M/D/Y)** | **Passport Expiration Date (M/D/Y)** |
| **Street Address** | **Street Address** |
| **City State Zip Code** | **City State Zip Code** |
| **Email** | **Email** |
| **Airline Seat Preference [ ]Window [ ]Aisle [ ]Bus Class** | **Airline Seat Preference [ ]Window [ ]Aisle [ ]Bus Class** |

 **[ ] Extra leg room [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Extra Leg Room [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Emergency Contact Person:**  | **Emergency Contact Person:** |
| **Phone: Email:**  | **Phone: Email:** |
| **Special Needs: Airport wheel chair assistance [ ] Y [ ] N** **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Special Needs: Airport wheel chair assistance [ ] Y [ ] N Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **[ ] Yes, I want insurance [ ] No, I decline insurance**  | **[ ] Yes, I want insurance [ ] No, I decline insurance** |

**Hotel Room [ ]Standard Room [ ]Garden view [ ]Partial Ocean view [ ]Full Ocean view [ ]Beachfront**

**Hotel Room/Cruise: (check 1): [ ]Single (1 bed) [ ]Double (1 bed, 2 people) [ ](Twin 2 beds, 2 people) [ ]Triple (3 beds)**

**If Cruise Cabin Category: [ ]Interior [ ]Ocean view [ ]Balcony [ ]Jr Suite [ ]Grand Suite**

**Name of Roommate(s) (if on separate form) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Single supplement will be added if no roommate listed**

|  |
| --- |
|  **Highly recommended that all Travelers invest in travel insurance. For insurance information/quote, please call.****Medicare/Medicaid does not cover healthcare costs outside the US. Trip cancellation insurance covers your trip cost for****illness, injury, baggage lost or delayed, emergency medical & dental, evacuation, hospital, doctor, etc.** |

**.**

**Final Documents will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office. If you are waiting for an updated passport #, please provide this as soon as you receive it.**

The responsibility of Carol James Travel as agents and protector for their clients’ rights in making arrangements for the airlines, hotels, cruises, or any services in connection with the trip and assumes NO liability whatsoever for injury, damage, loss, luggage, accidents, delay irregularity which may be occasioned either by reason or defect, through the acts of GOD, dangerous incidents in the air, sea, land, breakdown of machinery or equipment, acts of government or other authorities, wars, whether declared or not, hostilities, civil disturbances, strikes, riots, theft, epidemics, quarantines, medical or customs regulations, or from any loss or damage resulting from improper passports, visas, other documents, and for loss or additional expenses due to delay or changes in schedule or other causes. Carol James Travel shall not be liable or responsible for any inconvenience, loss, damage, or injury arising in connection with such service or for the client’s failure to follow instructions, including but not limited to check-in, delays, and loss of luggage or personal belongings. It is the responsibility of the airline to determine exactly what procedure will be followed. The policy chosen by that carrier shall be based on their procedure and shall NOT be the responsibility of Carol James Travel and its affiliates. Carol James Travel shall NOT be responsible for any person(s) missing due to negligence, delay, or absenteeism for any time during the tour nor are they responsible for any additional expenses for the participant to rejoin the tour. In addition, no refund will be given for any services rendered but not utilized. It is highly recommended that all Travelers invest in travel insurance.

**Signature Required 1st Guest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature 2nd Guest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**