

# DREAMS TOURS TO GO

## Enrollment & Information Sheet

Each applicant must submit an enrollment / Information Sheet

Name of Tour: WWII TOUR  
Tour Date: May 8-24, 2024  
Deposit Amount: \$500.00

### LEGAL NAME

\*\*\* **VERY IMPORTANT**\*\*\* First, middle initial and last name **as it appears on your passport.**

If your passport does not include your middle name, write no middle name: \_\_\_\_\_

### DATE OF BIRTH

Month Day and year

### ADDRESS

Street, City, State and Zip Code

### PHONE NUMBER

home

cell

### EMAIL ADDRESS

### PASSPORT NUMBER

### EMERGENCY CONTACT PERSON

### RELATIONSHIP TO YOU

### PHONE NUMBER

### SPECIAL NEEDS REQUIRED

DO YOU WANT INFORMATION ABOUT TRAVEL PROTECTION? YES \_\_\_\_\_ NO \_\_\_\_\_

Your signature below signifies that you have read the Terms and Conditions of Dream Tours To Go that appear on its website as of this date and that you accept these terms and conditions as stated.

Date \_\_\_\_\_

Please return to Dream Tours To Go - 5116 Summer Gate Drive - Charlotte, NC 28226  
Make checks payable to Dream Tours To Go