

DREAMS TOURS TO GO

Croatia Enrollment & Information Sheet

Name of Tour: Croatia

Tour Date: 10/8 - 10/21/2023

the start/finish date could change by as many as 5 days; the dates will be confirmed by 8/6/2023

Deposit Amount: \$ 500.00

LEGAL NAME _____

First, middle initial and last **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 _____

DATE of ISSUE _____

DATE OF EXPIRATION _____

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****