

DREAMS TOURS TO GO

Enrollment & Information Sheet

Each applicant must submit an enrollment / Information Sheet

Name of Tour: World War II

Tour Date: May 8-22, 2019 *the start/finish date could change by as many as 2 days*

Deposit Amount: \$750.00

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