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## LIONSGATE TRAVEL

### REGISTRATION FORM

Please make and send checks payable to: LIONSGATE TRAVEL

Your Tour Host: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Departure City: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(Please PRINT name as it appears on your passport)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (C): \_\_\_\_\_ (H): \_\_\_\_\_

E mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Gender: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Roommate: \_\_\_\_\_

If you do not have a roommate and we cannot find you a roommate you will be responsible to pay single room supplement.

Single Room Supplement: \$ \_\_\_\_\_

Total Due: \_\_\_\_\_ Deposit: \_\_\_\_\_

Balance Due: \_\_\_\_\_

A \$500 deposit is attached to confirm participation and is a credit to the total cost of the tour. I have carefully read the tour brochure and agree to its contents and conditions and payment terms. I understand that final payment is due in full no later than 90 DAYS prior to departure date.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_