

**Tour Registration Form:**

**PLEASE PRINT CAREFULLY**  
ILLEGIBLE INFORMATION COULD  
RESULT IN ADDED COST!

**Tour name or Id number:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

As it appears in your passport

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_

**Ext:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Passport Information:**

(needed to book your flight)

**Issuing Country:** \_\_\_\_\_

**Passport number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Day

Month (in words)

Year

**Additional Information needed:**

**Name or nickname** as you would like it on your Nametag : \_\_\_\_\_

**I am traveling and share a room with:** \_\_\_\_\_

**I am traveling alone**, for single room check box: \_\_\_\_\_

Please add Single room surcharge to my total price

**Medical Condition:** \_\_\_\_\_

**Emergency Contact :**

(not traveling with you)

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Travel can involve unforeseen risks and circumstances. GGM Direct Inc. therefore recommends the purchase of travel insurance to offset these. GGM Direct Inc., it's subsidiaries and affiliates will not be responsible for any expenses not covered by this optional insurance. With your signature you state that you are aware of the risks involved and agree to waive any and all claims not covered by your travel insurance.

**I would like to add Travel insurance:** \_\_\_\_\_

(Please check appropriate box)

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

Please enclose a US\$350 deposit with this filled out form. We accept personal checks, money orders, certified checks and credit card checks made out to **GGM Direct Inc.** and turn both in to your group travel coordinator or mail to us at:

**GGM Direct Inc.**  
**19500 Faulman**  
**Clinton Township, MI. 48035**

My signature below verifies that I have read, understand and accept the Terms and Conditions

Signature \_\_\_\_\_

Date \_\_\_\_\_