



MAGICAL MYSTERY LITERARY HISTORY TOUR



Magical Mystery Literary History Registration Form

First Name: _____ Middle Name: _____

Last Name: _____

Date Of Birth: _____ Sex: Male Female

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email Address: _____

How did you learn about this tour?

Travel Agent - Name: _____ Friend - Name: _____

Newspaper - Name: _____ Magazine - Name: _____

Google: Facebook: Other: _____

Tell us a little about yourself and why you want to join the Magical Mystery Literary History Tour:

Passport Information

Passport Number: _____

Expiration Date: (Passport Expiration must be 6 months after scheduled departure date.) _____

Airline Tickets and Additional Travel Assistance

Please help me book my flight: Yes No

My departure city: _____

Please help with additional travel or hotel booking assistance: Yes No

I am interested in a specially designed pre- or post-tour: Yes No

Room Preferences (every effort will be made to honor requests)

Smoking: Yes No

(for single travelers only)

I have a roommate: Yes No

I want a private room: Yes No

Roommate name: _____

Roommate phone: _____

Help me find a roommate: Yes No

Roommate Gender Preference: Male Female

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Email: _____

Cell Phone: _____

Home Phone: _____

WorkPhone: _____

Medical Information

Dietary Restrictions: _____

Medical Conditions and medications that tour operators should be aware of:

In the event of medical emergencies during the tour:

Medical Insurance Provider: _____

Policy Number: _____

US Based Doctor Name: _____

Doctor Phone Number: _____

Payment

- Registration Fee: \$350 nonrefundable deposit per person. Balance can be paid in two installments, one half of remaining balance due on Feb 1, 2016, with final payment due August 1, 2016. Payment can be made with PayPal or Square (processing fee will apply) or by check or money order payable to the Kafka Project, sent to Kafka Project, PO Box 16750, San Diego, CA 92176.

Cancellation

- Cancellations before August 1, 2016, 50% of payments are refundable, minus the \$350 deposit. Cancellations after August 1, 2016 are non-refundable. (This is one reason why we strongly recommend travel insurance.) All cancellations must be in writing to the Kafka Project. If for any reason, Kafka Project cancels this tour, you will receive a full refund of all payments made to the Kafka Project. Please submit the Traveler

Registration Form, with your deposit of \$350. If you do not purchase trip insurance, we will require a signed Liability Waiver and Acceptance of Risk notification before the tour departure.

I have read and agree to the terms and conditions
"downloadable online."

Print out General Terms and Agreement, and keep for your records. Print and return Traveler Registration Information Form with your check or money order payable to Kafka Project, and send to Kafka Project PO Box 16750, San Diego, CA 92176.

Signature: _____ Date: _____

Signature: _____ Date: _____

When you have finished the traveler registration form above, click submit and then continue on with your payment method. You will receive notification of your payment from the Kafka Project in five working days. We are looking forward to traveling with you!