

# 8-Day Cuba AgriTour

January 15 - 22, 2017 with Jane Eckert

Please fill in completely. Use full legal name as on passport (include middle initial or name if it appears)

Title: Dr./Rev./Mr./Mrs./Ms./Miss Full Legal Name(s) (as on passport)

1. \_\_\_\_\_

2. \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if other than above) \_\_\_\_\_

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

Phone H - (\_\_\_\_) \_\_\_\_\_ W - (\_\_\_\_) \_\_\_\_\_

Best time and place to call \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**YES, please use email as primary means of communication.**

**Airline Security information:**

Passport Number 1. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Passport Number 2. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**The name on your air ticket must exactly match your name as it appears on your passport. You must forward a copy of the photo/informational page of your passport within two weeks of enrollment on the tour. If applying for a new or renewed passport, send the copy as soon as you receive your new passport.**

1. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place (City/State) \_\_\_\_\_

Nationality \_\_\_\_\_  Male  Female

2. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place (City/State) \_\_\_\_\_

Nationality \_\_\_\_\_  Male  Female

Arrange round trip air transportation from \_\_\_\_\_ airport which is nearest my hometown.

Choice of roommate \_\_\_\_\_

Please match me with a roommate (if available)

I prefer a single room (supplement \$1,789).

**Nametag Names** 1. \_\_\_\_\_  
2. \_\_\_\_\_

1. Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

2. Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_

Phones: H - (\_\_\_\_) \_\_\_\_\_ W - (\_\_\_\_) \_\_\_\_\_

Cell - (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Medical emergency information (example: allergies, medication, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

**DEPOSIT**

Enclosed is my/our \$ \_\_\_\_\_ deposit (\$700 per person)

check enclosed or  charge to my credit card:

\_\_\_ Discover \_\_\_ MasterCard \_\_\_ Visa


Card # \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

*Enrollment in and payment of deposit constitutes your acceptance of the Tour Conditions/Responsibility of Dehoney Travel, Inc. to provide this travel program.*

 **Enroll by phone with credit card**  
**(800) 325-6708**

**Hosted by Jane Eckert**

**Allianz Travel Protection:** Many U.S. health carriers do not provide benefits while outside the country and cancellation penalties can be substantial for many tours. For your own protection it is important that you have adequate insurance coverage in the event that you must cancel prior to travel or encounter illness or injury while overseas. Dehoney Travel, Inc. offers a Travel Protection Plan, TripCare, through Allianz Global Assistance. **Please note, in order for the pre-existing clause to be in effect for this policy, your travel protection must be purchased in full within 14 days of the date on your tour deposit check or your credit card tour deposit being processed at Dehoney Travel. (Please check one of the following and sign where indicated.)**


1.  I am interested in purchasing travel protection through Dehoney Travel and Allianz Global Assistance. Please send me further information. I understand that travel protection will NOT be purchased on my behalf until I contact the Dehoney Travel office and speak directly with an insurance specialist.

OR

2.  I would like to decline the optional insurance coverage.

Signature \_\_\_\_\_

**For assistance in evaluating your insurance needs or if you have questions about this coverage, please call our insurance department at (812) 206-1080 or (800) 325-6708.**

 Make check payable to and mail enrollment to:  
Dehoney Travel, 3008 Charlestown Crossing, New Albany, IN 47150