

## RIVIERA VILLAGE TRAVEL 2012 REGISTRATION FORM

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Please use blue or black ink, print in CAPITAL LETTERS and fill in circles completely. Do not staple anything to this form.

### Program Selection:

Group Leader's Last Name: LATHROM                      Group ID: RHLS Scandinavia 2012

Departure Date: March 31, 2012                      Return Date: April 13, 2012

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### Personal Information:

Mr.             Ms.  Mrs.             Dr.            Gender:  Male     Female

\_\_\_\_\_  
Last Name (as it appears on **passport**)    First Name (as it appears on **passport**)    Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email

\_\_\_\_\_  
Have You Traveled to Sweden/Denmark: \_\_

Y/N

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### Emergency Contact in the U.S. while on tour:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

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### Rooming Options:

- I wish to room in a double room with \_\_\_\_\_
  - I wish to room in a triple room with \_\_\_\_\_ & \_\_\_\_\_
  - I am over 18 and wish to pay a surcharge for a single room (please contact Riviera Village Travel)
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**Payment:** (Non-refundable Air Deposit: \$500)

I have included a payment of: \$ \_\_\_\_\_

Make checks payable to Riviera Village Travel

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(continued on back)

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**PASSPORT INFORMATION:**

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Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Authority: \_\_\_\_\_

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Please provide a copy of your passport information page at your earliest convenience.

**Signature:**

I am in good physical and mental health and am able to travel without special medical supervision or special counseling.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

All registrants under 18 years of age must have the following section completed: I am the parent/legal guardian of the above minor registrant. I hereby consent to the above minor registrant's participation in all activities organized and/or provided for this trip. I hereby assume all risks of loss and injury that may be incurred, directly or indirectly, as result of any such participation and authorize Sean Lathrom or other adult chaperone to arrange for professional care/treatment in case of an emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date