

Explore Guatemala, L.L.C.

Registration Form

Please fax or mail this registration form to reserve your Explore Guatemala Tour/Workshop. Upon receipt of this form, we will provide additional information to assist you in planning your trip. ***Do not make airline or travel insurance arrangements until you are informed by Explore Guatemala that your Workshop/Tour has "made".***

PHONE/FAX: 210-599-8468

MAIL: Explore Guatemala, L.L.C.

P.O. BOX 17217

San Antonio, TX 78217

MAKE CHECK PAYABLE TO: Explore Guatemala, L.L.C.

** This program features a fair amount of walking; often in villages where there are uneven or cobblestone streets (some with steep inclines). If you have trouble walking or are wheel-chair bound, please reconsider your participation.*

Explore Guatemala Registration Form

Name of tour/workshop: _____

Departure date: _____

Name exactly as it appears on your passport: _____

Name you go by: _____

Passport Number (Current Passport Required): _____

Nationality: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephones: Work/Cell: _____ Telephone Home: _____

E-mail Address: _____

Sex: M/F _____ Date of Birth: _____

Occupation: _____

Medical/Dietary Considerations: _____

Emergency Contact: Name: _____ Phone: _____

_____ I am on my own but wish to share a room

_____ I am a smoker

_____ I prefer the single supplement charge

_____ Contact me about add-ons

MAKE CHECK PAYABLE TO: Explore Guatemala, L.L.C.

(See "Terms and Conditions" for deposit and payment information)

Amount: \$ _____

By signing this form, I certify that I understand and accept the policies as explained in the company's "Terms and Conditions". Which you may see on our web-site.

Signature: _____ **Date:** _____

***** Please sign above before returning this form *****