



303.652.1535  
www.packafork.com  
info@packafork.com

**BELGIUM, THE NETHERLANDS & COPENHAGEN:  
An Exploration of History, Culture & Cuisine  
April 17-30, 2020**

**GUEST REGISTRATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ DOB: \_\_\_\_\_

U.S. Citizen?  Yes  No If not, name country \_\_\_\_\_

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

Telephone (mobile) \_\_\_\_\_ Other \_\_\_\_\_

Street Address \_\_\_\_\_

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

Country \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Other \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Medical Insurance Information (in case of an emergency):

Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

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**Please provide Pack A Fork! with a copy of your current passport**

\_\_\_\_\_ **I have attached a copy of my Passport and will enclose it with this Guest Registration form (send by e-mail to [info@packafork.com](mailto:info@packafork.com) or by mail)**

*\* Note: Most countries require a passport to be valid 6 months past your travel dates. If you do not yet have a passport or if you are renewing your passport, please let us know when you have received it. We need a copy of it as soon as possible.*

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**This trip has a 'easy to moderate' activity level. However, there will be walking, standing and stair-climbing. In some areas, we will be hiking and walking up hill on uneven terrain. Do you have any physical conditions that might prevent you from participating in these activities?**

Tell us a bit about you..

What are your expectations for this trip?

What interests you most about this itinerary?

Are there any special events you will be celebrating during the tour (birthdays, anniversaries, etc.?)

Do you have diet restrictions (vegetarian, gluten-free, vegan, etc.)? Please also list foods you do not like. We will find an alternative for you.

Any questions or concerns? Please describe here or contact us at 303-652-1535.

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***Please note: This is a non-smoking trip. Smoking will not be allowed in hotels, on the coach or in other non-smoking designated areas.***

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**Accommodations:**

If you are sharing a room, please indicate his/her name \_\_\_\_\_

\_\_\_\_\_ I would like to have my own room (requires an additional single supplement)

If there is anything we should know regarding your rooming preferences, please indicate here:

**Arrival Information:**

Please select from the following regarding your arrival and departure information:

\_\_\_\_\_ I have made my own flight arrangements through Exito Travel or by another means and have forwarded a copy of my itinerary to Pack A Fork!

\_\_\_\_\_ I have not yet booked my flight arrangements, but will send Pack a Fork! a copy of my itinerary once I have done so. (Please email to: info@packafork.com)

**Payment:**

\_\_\_\_\_ I am participating in Early Bird Registration

\_\_\_\_\_ Deposit on tour \$2500.00; deposits taken until January 20, 2020

\_\_\_\_\_ Payment In full/double occupancy: \$ 5823.00

\_\_\_\_\_ Payment in full/single occupancy: \$ 6323.00  
(includes \$ 500 single supplement)

\_\_\_\_\_ Payment by Check

\_\_\_\_\_ Payment by bank transfer (contact office)

**Financial Terms & Conditions + Consumer Disclosure form:**

\_\_\_\_\_ I agree with the Financial Terms & Conditions stated on the website.

\_\_\_\_\_ I agree with and have signed the Consumer Disclosure form (download PDF form on website)

**Travel Insurance:**

\_\_\_\_\_ I will purchase travel insurance for this trip.

\_\_\_\_\_ I will not purchase travel insurance for this trip.

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*Photo Release: I give my permission for Pack A Fork! LLC to publish tour photos/video where I could be present that would be used for marketing purposes.*

*Signature* \_\_\_\_\_

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*By signing this Guest Registration form, I certify I have read, understand and agree to the Financial Terms & Conditions and Consumer Disclosure Notice for this group tour.*

*Signature* \_\_\_\_\_

**Please make check payable to Pack A Fork!**

**Mail with this Guest Registration form and the signed Consumer Disclosure Agreement to:**

**Pack A Fork  
P.O. 288  
Niwot, CO 80544**