



ENROLLMENT/CONSENT FORM:

Name of Trip _____

Group Leader: _____

Date of Trip: _____

Tour Code: _____

You payment cannot be processed unless the tour code from the brochure is on this form and on the check

Please complete this form and mail it to
Select International Tours,
85 Park Avenue, Flemington, NJ 08822
along with your deposit, and a copy of your passport picture page.

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell/Home Phone: _____ Contact Cell for Airline While Traveling _____

Email Address: _____ Land only (Starts/ends at hotel, no airfare)

Need help with flights from _____

Medical/Dietary Needs _____

Updates about your trip will be sent by email only. Please be sure that your settings allow for electronic communication originating from addresses ending in @select-intl.com

Room: (check one) Single (1 Bed) Double (1 Bed, 2 People) Twin (2 Beds, 2 People) Triple (3 Beds)

Name of Roommate(s): _____

If single: Match me with a roommate Solo (in room by myself)

Emergency Contact (Name and Phone): _____

Enclosed is a check/money order in the amount of \$ _____ for my initial deposit.

We strongly suggest that you consider purchasing a travel protection plan to protect your travel investment. Please contact Travel Insured International for more information on rates and coverages for our customized plan.

Visit portal.trawickinternational.com/affiliate/home/18184 or call 888-681-6272 for details and costs for the Select International Travel Protection Plan with optional Cancel for any reason (CFAR) protection.

By signing below, I consent to any necessary itinerary changes and price adjustments and agree to be bound by all Select International Tours & Cruises'(SITC) TERMS AND CONDITIONS as outlined on this page and on the company website: www.selectinternationaltours.com/terms-conditions/. I also understand that (SITC) highly encourages the purchase of travel protection and that any fees associated with this trip cannot be waived for any reason. By declining to purchase travel protection I assume all financial losses associated with this trip which otherwise may be covered by travel protection. I also agree not to contest charges associated with the trip cost as outlined in this brochure. I understand that S.I. does not arrange specific seats on the flights.

Signature : _____ Date: _____