



Tour Registration Form

Thank you for your interest in our tour package. Please complete and sign this registration form along with the Release and Agreement, and return both forms to us with the \$200 non-refundable deposit to secure your place on the tour. We look forward to planning your Costa Rican educational adventure!

Tour Group Leader: _____ Tour dates: _____

Traveler's Full Name (as it appears on passport): _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone number: _____

Date of Birth: _____ Age on tour: _____

Allergies or special diet: _____

Parent name(s): _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____



Phone #: _____ Home: _____ Cell: _____ Work: _____

Email address (to receive invoices and receipts): _____

Payment plan (please check one): Monthly _____ (on what date of each month? _____)
Standard (4 installments): _____

A \$200 non-refundable deposit is required to reserve your place on the tour requested above. If paying by MasterCard or Visa, please fill out your information below. Make checks payable to Natural Expeditions, LLC.

NATURAL EXPEDITIONS, LLC
P.O. BOX 862
NORMAL, IL 61761

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW	
CHECK CARD USING FOR PAYMENT	
 <input type="checkbox"/> MASTERCARD	 <input type="checkbox"/> VISA
CARD NUMBER	SIGNATURE CODE
SIGNATURE	EXPIRATION DATE
Amount : \$200	

Signature Date