

# HART TRAVEL PARTNERS REGISTRATION FORM 2019/20



**MAIL TO:**

HART TRAVEL PARTNERS  
P.O. Box 917, Medfield, MA 02052

**PAYMENT:**

With this application please enclose a check with your initial deposit made payable to Hart Travel Partners. Please do not send cash payments.

**TRAVEL INFORMATION:**

Please print clearly in block capitals.

FIRST NAME (AS ON YOUR PASSPORT)		MIDDLE NAME (AS ON YOUR PASSPORT)		LAST NAME (AS ON YOUR PASSPORT)	
MAILING ADDRESS					CITY
STATE	ZIP CODE	HOME PHONE		CELL PHONE	
DATE OF BIRTH (MM/DD/YYYY)	SEX M / F	US CITIZEN Y / N	EMAIL ADDRESS (NEEDED FOR ALL TRIP COMMUNICATION)		
GROUP LEADER NAME					DEPARTURE DATE (MM/DD/YYYY)
UPGRADE TO SINGLE ROOM* Y / N		UPGRADE TO TWIN ROOM* Y / N		NAME OF OTHER PERSON SHARING TWIN ROOM	
		OR			

\* THIS IS AN ADDITIONAL COST. PLEASE SEE ITINERARY FOR DETAILS.

OPTIONAL MEDICAL INSURANCE FOR \$75 * Y / N	OPTIONAL MEDICAL AND CANCELLATION INSURANCE FOR \$200 * Y / N
	OR

\* PAY THIS FEE WITH INITIAL DEPOSIT. PLEASE SEE WEBSITE FOR DETAILS.

**EMERGENCY CONTACT (for communication in case of emergency):**

Please print clearly in block capitals.

FIRST NAME		LAST NAME		RELATIONSHIP
HOME PHONE	CELL PHONE		EMAIL ADDRESS	

**NOTE:** it is your responsibility to determine what travel documents (such as passports and visas) are required to enter or connect through all the countries on your travel program. It is also your responsibility to obtain such required documents.

**This form must be signed below by you and by your parent/guardian if you are under 18.**

I have completely read and understand the "Release and Agreement" and "Booking Conditions" supplied by Hart Travel Partners and available on its website and agree to be bound by and comply with them.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

I am the parent or legal guardian of the above applicant. I have completely read and understand the "Release and Agreement" and "Booking Conditions" supplied by Hart Travel Partners and available on its website and agree to be bound by and comply with them.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE