

Koinonia Travels And Tours: Individual Tour Registration Form

Please fill in completely and return with your deposit to:

Koinonia Travels and Tours, 200 North Miles Street, Elizabethtown, KY 42701 270-982-8300

Tour: _____ Tour Date: _____ Tour Cost: _____

(Please provide name as it appears on passport for international tours and on driver's license for all other tours)

Name (s) _____ Male ____ Female ____

Preferred Name for Name Tags: _____ Birth date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No. Home: _____ Work: _____ Cell: _____

E-mail Address: _____ Preferred Way to be Contacted: _____

My Roommate Choice: _____ Please match me with a roommate if available: Yes ____ No ____
(Koinonia is not obligated or responsible for finding a roommate. Travelers will be responsible for single supplement if you cannot find a roommate.) One Bed: _____ Two Beds: _____

I prefer a single room _____ I understand that there will be a single room supplemental charge.

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone No. Home: _____ Work: _____ Cell: _____

Please Provide The Following Information If The Tour Is Traveling Outside The United States.

Passport Number: _____ Issue Date: _____ Expiration Date: _____ Nationality: _____

Optional Travel Protection Insurance. KTT strongly recommends that you purchase travel insurance for your own protection. Purchasing travel protection can minimize monetary loss due to circumstances beyond your control as a traveler such as cancellations, schedule changes, luggage loss, trip delays, illnesses or medical emergency, etc. KTT works with one of the most reputable companies in the business and will be glad to help you with your purchase and helping you understand the details of coverage.

_____ Yes, I/we want travel protection insurance _____ No, I/we do not want travel protection insurance

I have read and understand and agree to all the Terms and Conditions, Cancellations policies, and Tour Guidelines. Enrollment and payment of deposit constitutes your acceptance of our Terms and Conditions. I also understand the terms and conditions of the companies Koinonia partner with in travel.

Signature: _____ Date: _____

Deposit Amount Enclosed: _____ Check #: _____ Cash: _____

Please Charge the following Credit Card for Deposit: Land: _____ Air: _____ Travel Insurance: _____