

MARGARET MORSE TOURS

900 N. Federal Highway, Suite 206 • Hallandale Beach, Florida 33009
 Tel 954-458-2021 • Outside FL 1-800-327-3191 • Fax 954-455-9144



ADULTS ONLY REGISTRATION FORM

TOUR DATE: _____ **NUMBER OF PASSENGERS:** _____

DOUBLE ROOM SINGLE ROOM REVISITORS TOUR

I AM SINGLE & SHARING WITH _____

PETRA OPTIONAL FULL DAY TOUR – *(not suitable for anyone who has difficulty with walking)*

NAME(S): FULL NAME Exactly As They Appear On Passport	Birthdate	Age at time of travel

ADDRESS: _____ APT. # _____

CITY: _____ STATE: _____ ZIP: _____

HOME () _____ CELL # () _____

E-MAIL ADDRESS: _____

Complete Registration Form and Enclose Deposit: \$500.00 per person
 (CHECK deposit 100% refundable 90 days or more prior to tour date - CREDIT CARD deposit subject
 to \$25.00 processing fee 90 or more days prior to tour date) Please make check payable to: **MM Tours**

DEPOSIT AMOUNT: (\$ 500. per person) _____ DATE: _____

CREDIT CARD (circle) Visa Mastercard Discover # _____

Name on Card _____ Expiration Date ___ / ___ / ___ Security Code # _____

Billing Address (if different from above) _____

TRAVEL INSURANCE is not included in the tour package but strongly recommended and purchased online
 at www.margaretmorsetours.com

Waiver of Pre-existing Medical Condition Exclusion requires purchase at the time of registration

**List Names Of Other People Traveling With You On The Back
 Please Read Reverse Side Terms and Conditions**

HOW DID YOU HEAR ABOUT US?

Friend _____ Newspaper _____ Internet _____ Repeater _____

