

S. P. S. REGISTRATION FORM

Each Passenger Must Fill Out A Registration Form

Tour: I Love Lucy May 27 to 29, 2024

Twin () Single ()

Emergency Medical Insurance: Yes () No ()

Cancellation Insurance: Yes () No ()

Name as it appears on your passport: _____

Street Address: _____ City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Date of Birth (dd/mm/yy) _____ Email Address: _____

Travel Partners First Name: _____ Travel Partners Last Name: _____

In Case of Emergency Contact (Relationship & Phone #): _____

Payment: Cheque () Visa () Master Card () Amex () Other () _____

Credit Card Number: _____ Expiry Date: _____

Name of Cardholder (print) _____ Signature of Cardholder: _____

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