

Beadventure Registration Form

Please submit completed form with trip deposit.

Beadventure Trip: _____

Your Name: _____

Passport Information (if needed for your destination):

Name (as appears on passport): _____

Number: _____ Expiration Date: _____ Country Issued: _____

Date of Birth: _____

Contact Information

Mailing address: _____
City State Zip Code

Telephone: _____ Email: _____

Cell number (if will take on the Beadventure): _____

Name and phone number of contact person while you're away:

Other Information

Any special dietary considerations? _____

Do you have a particular roommate request or request a single room (*at extra cost*), if available?

Roommate? _____ Single Supplement? _____

Do you have any health-related concerns or special needs of which you would like staff to be aware? If so, briefly describe:

Travel Insurance

_____ Yes, I understand I am required to purchase travel insurance and will submit confirmation of its purchase at the time I make final payment.

Your signature below of acceptance of these terms and conditions is required before processing your registration.

I have read and agree to Beadventures' Conditions and Responsibilities, including cancellation and refund policies.

Signature: _____ Date: _____

Printed Name: _____

Mail completed and signed registration form and deposit check made payable to Beadventures Inc. to:

Beadventures Inc.
2415 La Honda Drive
Anchorage, AK 99517
USA

Questions?

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