



# Empowering Travels and Tours

## Registration and Emergency Contact Form

**Note: I have read and agreed to The Refund Policy \_\_\_\_\_**

Full name as it appears on passport \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Date/Year

Your Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Are you traveling alone? \_\_\_\_\_ If no, please list your travel members below

Who are you traveling with and their relationship to you? (list below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact** - You are required to list at least one contact not traveling with you on this trip.

**First Contact** \_\_\_\_\_  
First Name Last Name

**Second Contact** \_\_\_\_\_  
First Name Last Name

**First contact phone number and Relation to you:** \_\_\_\_\_

**Second contact phone number and Relation to you:** \_\_\_\_\_

**Submit**