Wages Travel Enterprises, LLC Registration Form

Trip Name:_____
Trip Date(s): _____

If applicable - TSA Pre-check number: _____
If applicable - Global Entry Number: _____
If applicable - Passport # and expiration date: _____

If applicable - Single:____ Double:___ Triple:_____ (Place "X")

If applicable - Rooming/With: _____

Amount enclosed: $_____ Date:_____

Please send Non-Refundable Deposit with this Registration Form.

I understand all deposits are non-refundable.

Name:_____ (First, Middle and Last Name)

Date of Birth: _____ Gender: Male _____ Female: _____

Street Address: _____

City, State and
Zip Code: _____

Phone(s) Number: _____ additional contact number: _____

Email: _____

Emergency Name: _____

Emergency Phone Number: _____

Describe any special needs: _____

Signature: _____ **Date:** _____

Make Checks and Money Orders Payable to:
Wages Travel Enterprise, LLC
10310 Spring Water Lane
Upper Marlboro, MD 20772
301-780-3700 - office
301-780-3797 - fax
wagestravel@gmail.com
www.wagestravel.com

Return check fee $35

Travel Insurance: (initial one)

_____ **I would like to purchase Comprehensive Insurance**

_____ **I decline insurance**

_____ **I would like additional information about insurance**