



**A Mediterranean Adventure: Valencia and Mallorca**  
**23rd of April until the 1<sup>st</sup> of May, 2024**

**GUEST REGISTRATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ DOB: \_\_\_\_\_  
U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No If not, name country \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Telephone (mobile) \_\_\_\_\_ Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact Name \_\_\_\_\_  
Relationship to You \_\_\_\_\_  
Emergency Contact Address \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_ Other \_\_\_\_\_  
Primary Care Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies to Medications: \_\_\_\_\_

**(720) 438-7888**  
[gabifoodadventures@gmail.com](mailto:gabifoodadventures@gmail.com)

Medical Insurance Information (in case of an emergency):  
Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_  
Policy# \_\_\_\_\_  
Group# \_\_\_\_\_

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Please provide Gabi Food Adventures with a copy of your current passport

\_\_\_\_\_ I have attached a copy of my Passport and will enclose it with this Guest Registration form (send by email to **gabifoodadventures@gmail.com** or by mail)

**\*Note:** Most countries require a passport to be valid 6 months past your travel dates. If you do not yet have a passport or if you are renewing your passport, please let us know when you have received it. We need a copy of it as soon as possible.

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This trip is rated 'easy to moderate' activity level. However, there might be walking, standing, stair-climbing and walking up hill on uneven terrain during tours.

- Do you have any physical conditions that might prevent you from participating in these activities?
- Tell us a bit about you...What are your expectations for this trip?
- What interests you most about this itinerary?
- Are there any special events you will be celebrating during the tour (birthdays, anniversaries, etc.?)
- Do you have diet restrictions (vegetarian, gluten-free, vegan, etc.)?

Please also list foods you do not like. We will find an alternative for you.  
Any questions or concerns?

Please describe here or contact us at **(720) 438-7888**

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**Please note: This is a non-smoking trip. Smoking will not be allowed in hotels, on the coach or in other non-smoking designated areas.**

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**Accommodations:**

If you are sharing a room, please indicate his/her name \_\_\_\_\_

I would like to have my own room (requires an additional single supplement)

If there is anything we should know regarding your rooming preferences, please indicate here:



**Arrival Information:**

Please select from the following regarding your arrival and departure information:

\_\_\_\_\_ I have made my own flight arrangements by another means and have forwarded a copy of my itinerary to Gabi Food Adventures

\_\_\_\_\_ I have not yet booked my flight arrangements but will send Gabi Food Adventures a copy of my itinerary once I have done so. (Please email to: [gabifoodadventures@gmail.com](mailto:gabifoodadventures@gmail.com))

**Payment:**

\_\_\_\_\_ Deposit for tour: \$2000.00; balance due February 22, 2024

\_\_\_\_\_ Payment In full/double occupancy: \$ 5600.00

\_\_\_\_\_ Payment In single occupancy: \$ 6100.00 (\$5500.00 plus \$500.00 single supplement)

\_\_\_\_\_ Payment by Check

\_\_\_\_\_ Payment by bank transfer (contact office)

\_\_\_\_\_ I agree with the Financial Terms & Conditions stated on the website.

\_\_\_\_\_ I agree with and have signed the Consumer Disclosure form (download PDF format website)

**Travel Insurance:**

\_\_\_\_\_ I will purchase travel insurance for this trip.

\_\_\_\_\_ I will not purchase travel insurance for this trip.

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**Photo Release:** I give my permission for Gabi Food Adventures Inc to publish tour photos/video where I could be present that would be used for marketing purposes.

**Signature** \_\_\_\_\_

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By signing this Guest Registration form, I certify I have ready, understand and agree to the Financial Terms & Conditions and Consumer Disclosure Notice for this group tour.

**Signature** \_\_\_\_\_



(720) 438-7888  
GabiFoodAdventures@gmail.com

Please make check payable to; **Gabi Food Adventures Inc.**

1. Mail with this Guest Registration form and
2. the signed Consumer Disclosure form (download PDF's on website) and
3. a copy of your passport to; **Gabi Food Adventures, 823 Timothy Drive, Longmont, CO 80503**