



Valencia, Elche and the Mediterranean Coast and Mountains
14th of April until the 22nd of April, 2020

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: _____

(970) 235-0936
gabifoodadventures@gmail.com

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

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.

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 **(970) 235-0936**

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.

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)

Payment:

_____ Deposit for tour: \$2000.00; balance due February 14, 2020

_____ Payment In full/double occupancy: \$ 4000.00

_____ Payment In single occupancy: \$ 4600.00 (includes \$600 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.

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

Signature _____



(970)235-0936
GabiFoodAdventures@gmail.com

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

Signature _____

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