

Application for Trip to Poland and Passport Information

NAME AS IT APPEARS

ON PASSPORT: _____

(Please print clearly or type)

ADDRESS: (Physical and mailing) _____

PASSPORT NUMBER: _____

COUNTRY: _____

DATE OF BIRTH: day _____ **month** _____ year _____

(please note that the day comes first, followed by the month)

SEX: __male __female

PLACE OF BIRTH: _____

DATE PASSPORT ISSUED: day _____ **month** _____ year _____

DATE OF EXPIRATION: day _____ **month** _____ year _____

WHERE PASSPORT ISSUED: _____

***Please photocopy the picture page of your passport and include the photocopy when returning this form.**

Make 3 copies - send one to us, leave one in a safe place at home, bring one with you, keep it separate from passport during your travel.

American citizens (with a valid US Passport that expires at least 6 months after entering Poland) do not need to obtain a visa in advance. For citizens of other countries, contact the consulate within your home country to inquire about visa requirements.

Daytime Phone: _____ Evening Phone _____

Email: _____ Fax: _____

Website(s): _____

I heard about the tour by:

A friend or referral. Who? _____

A search Engine or other _____

FLIGHTS:

Please book me for an add-on flight from (US city) _____

I have booked my own flights to/from Poland. Airline: _____

Arrival time in Poland: _____ Departure: _____

ROOMATE PREFERENCE:

I have a roommate. (name) _____

..... We would like 2 single beds or 1 double bed

Please choose a roommate for me.

I will have a single

NON-SMOKER or **SMOKER**

DIET:

I eat most everything.

I do not eat red meats.

I do not eat eggs.

I do not eat chicken or turkey.

I do not eat dairy products.

I do not eat fish.

Other dietary restrictions: _____

EMERGENCY CONTACT PERSON: Please the name, address, phone, and email address (if available) for a person at home that we can contact while you are in Poland.

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Email address _____

PREVIOUS TOURS:

 I have been to Poland before. Which tours? _____

 I have been on tours to other places. What were some of your previous trips?

GROUP MAILING LIST: To help you stay in touch with your new friends, we will be compiling and distributing a list of participants. It will include name, address, phones, fax, email, an websites. The list will only be given out to participants on this tour. Please **INCLUDE** on this group list:

 my address day phone evening phone fax email address website none

PAYMENT: A deposit of \$500 is due at the time of registration to reserve your place. Please make check (personal checks, bank checks, Money Orders, and credit card checks are acceptable) payable to: Forward Int'l. The remainder of the tour fee, plus single supplement, add-on airfares (if applicable) are due 10 weeks (75 days) prior to your tour departure date. Your deposit constitutes an agreement to pay the remaining amount due. Cancellations must be made in writing. You will be sent a welcome packet upon receipt of your deposit.

Release from Liability and Assumption of Risk

I hereby acknowledge that I have voluntarily applied to participate in the trip designed in this application (or a trip which I may change to) and that I have read the description of the trip as it appears in the current and supplements relating to the trip, together with all information contained in this application. I'm aware that during the trip that I'm participating in under the arrangements of FIT Int'l and their agents or associates, certain risks and dangers may occur, including but not limited to hazards of traveling down rivers in kayaks, hiking through mountain terrain, accident or illness in remote places without medical facilities, forces of nature, and travel by air, train, automobile, or other conveyance.

In consideration of, and as part payment for the right to participate in such trips or other activities, and the services and food arranged for me by FIT Int'l and their agents or associates, I do hereby assume all of the above risks and will hold them harmless from any and all liabilities, actions, causes of action, debts, claims, and demand of every kind and nature whatsoever, which I now have or which may arise from or in connection with my trip or participation in any other activities arranged for me by FIT Int'l and their agents or associates. The terms hereof serve as a release from liability and assumption of risk for my heirs, executors, and administrators and for all members of my family, including any minors accompanying me.

Signature of Applicant _____ Dated at _____

Please make a copy of this for your records.
Mail this form to: P.O. Box 201 Columbia. CT USA 06237
(860) 228-9664