



Celestial Active Travelers

TOUR REGISTRATION FORM

BOOKING: Single ____ Double ____

Tour Name: _____ Departure Date: _____

Your legal name: _____
(First, Middle, and Last *as it appears typed on your official I.D*)

Nickname commonly used: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Roommate's legal name (if applicable): _____

Roommate's nickname commonly used: _____

Are you paying for: Both You Would you like us to help you find a roommate? Yes No

Are you paying by: Check Check # _____ Credit Card

Type of Credit Card: Visa M/C AMEX Discover AMOUNT PAYING: \$ _____

DEP PIF Credit Card # _____ Exp: _____ # Digit Code: _____

Would you like your receipt for payment by: Mail Fax E-mail:

How did you find out about Celestial Active Travelers? _____

AIRLINE (if applicable):

Traveler #1 Name: _____

Airline Mileage # _____ Airline Seat : Aisle Window Center

Traveler #2 Name: _____

Airline Mileage # _____ Airline Seat : Aisle Window Center

Special Needs or Requests: _____

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