MIKE DAVID
PHOTOGRAPHY

PERSONAL INFORMATION AND REGISTRATION FORM
COLORADO FALL COLORS

Tour Departure Date: _____

PERSONAL INFORMATION:

Name (exactly as it appears on your passport): _____

Street Address: _____
(If PO Box, also give street address for FedEx deliveries.)

City State/Country Postal Code: _____

Home/Work Phone: _____

Cell Phone: _____

Email (if you prefer documents be sent only by email): _____
(Final documents will be mailed.)

Date of Birth Country of Birth: _____
(Month/Day/Year)

Occupation: _____

Male Female

Smoking Non-Smoking

Medical/Mobility Restrictions/Allergies/Dietary Requirements:

_____

_____

(We assume no responsibility for medical care or for special dietary requirements.)

I waive Travel Insurance

Signature:

Date:

Photography Medium: Digital Film Other

PASSPORT INFORMATION (for international tours only)
Passport # Place of Issue: _____

Issue Date: _____
(Month / Day / Year)

Expiration Date: _____
(Month / Day / Year)

Country of Citizenship: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship to Traveler: _____

City State/Country: _____

Home & Work Phone: _____

Cell Phone: _____

REGISTRATION INFORMATION:

Name of Roommate: _____

Assign a Roommate if Possible

Hotel Occupancy: Single Room Double Room (2 persons)

Bed Preference: Bed Size: One Bed Two Bed King Queen (if available)

Non Refundable Deposit of $500 per person
Send a check payable to:

Mike David Photography
9850 Wolff Ct
Westminster, CO 80031
or
Card # (VISA or MasterCard, American Express, Discover)

Expiration Date: _____

Security Code: _____

If the billing address for this card is different from the address shown on page 1, please write it below. _____
_____
_____
_____

A signed **ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT** is required with the deposit.

Signature: _____

Date: _____

A letter of confirmation will be mailed upon receipt of deposit. Reservations are accepted in the order received.