

Registration Form
The Natural History of Trinidad and Tobago
October 23 – November 1, 2012
Leader: Bill Murphy

Mr/Mrs/Ms _____ Nickname (for name tag) _____

Street, Apartment, P.O. Box _____

City, State, Zipcode _____

Home phone _____ Work phone _____ Cell phone _____

E-mail address(es) _____ Date of Birth _____

Person to notify in case of emergency _____

Previous travel experience _____

Birding experience (life list, if you maintain one) _____

Other special interests _____

Physical limitations/ food allergies _____

Other relevant information that may help the tour leader accommodate you: _____

___ I desire single-room occupancy for which I am willing to pay the stated supplemental charge.

___ I desire twin-room occupancy; my roommate's name is _____

___ I desire twin-room occupancy and wish you to select my roommate.

Tour Participant Acknowledgement: I understand that William L. Murphy has no liability for my personal medical expenses and further that I have no physical or other limiting factors that would possibly create a hazard to myself or to other participants on the tour; that the tour prices for both land and air are subject to change without notice to reflect differences in supplier charges and/or fluctuations in foreign exchange rate with respect to U.S. currency; and that I have been advised of the availability of insurance coverage for trip cancellation, medical assistance, and baggage loss. My signature below is evidence that I understand and accept the complete tour conditions as described in the tour literature.

Signature

Date

Please mail completed application with \$500/person deposit made out to Bill Murphy, 7835 Tufton Street, Fishers, IN 46038