

Trinidad and Tobago: Land of the Hummingbird

January 11–21, 2018

Leader: Bill Murphy

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

Mr/Mrs/Ms (exactly as on passport) _____ Nickname (for name tag) _____

Street, Apt., Box No. _____

City, State, Zip code _____

Home phone _____ Work phone _____ Cell phone _____

E-mail address(es) _____

Passport number / Issue date / Expiration date _____

Date of birth _____

Person/Phone to notify in case of emergency _____

Previous travel experience _____

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

Other special interests _____

Physical limitations / Dietary requirements _____

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 Murphy has no any liability for my personal medical expenses. Further I affirm that I have no physical or other limiting factors that would possibly create a hazard to myself or to other tour participants; 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