



The Quarles Travel Group

Travel More for Less

pamela@thequarlesttravelgroup.com

PHONE: 904 743 3698

FAX: 904 743 0115

TRAVEL REGISTRATION FORM

Please complete all information (one form per traveler) and Return with Deposit

First Name: Middle: Last Name: Title:
Birth date: State of Birth: Male: Female: Current JSCA Member:

Home Street Address:

City: State: Zip Code:
Home Phone: Cell Phone:

Place of Employment:

Work Address:

City: State: Zip Code:
Work Phone: Cell Phone:

Email:

Emergency Contact: Relationship:

Name: Phone Mobile: Phone Work:

Prefer smoking room Prefer non-smoking room (check one)

Room Type: Prefer 2 beds Prefer 1 King (check one)

Roommate Name:

If no roommate is selected assign a match to me circle one : Yes No I prefer a single room
Specify any special needs: e.g. wheelchair assist, food allergies, etc.

Airline Frequent Flyer Numbers:

Airline seat preference: (circle) Aisle Center Window Coach Business Class

Passport Information: Attach a copy of your Passport

Name as shown on Passport or ID: Passport #

City of Issuance Country Expiration Date Date Issued

Do you have a green Card? Yes or No if Yes#

Do you have 2 Blank pages in your Passport booklet?

In order to protect your investment, Travel Insurance is highly recommended and must be purchased within 7 days of deposit. Insurance is based on a number of factors age, time in country, etc. Contact The Quarles Travel Group for details (904) 743-3698.

Travel Insurance Plan (circle one): I/We Accept I/We Decline

Preferences are requests, and while we will try to meet them, there is no guarantee.