

*The Hearts Center and
Divine Adventures
Traveler Registration Form*



Traveler's Name: _____

Address: _____
Number *Street*

_____ *City* *State* *Zip Code*

Telephone: H: (____) _____ W: (____) _____ Cell: (____) _____

Email: _____

Package & Extension Names: _____

Package Dates: _____

Double w/ 1 bed, Double w/ 2 beds, or Single Occupancy: _____

If Double, Name of Companion: _____

Passport Information: (*Name exactly as it appears on passport, passport number, country of issue, expiration date, date of birth*) _____

Medical Conditions/Dietary Restrictions: _____

Signature: _____ Date: _____

To Register:

Return completed and signed registration form with a \$300 non-refundable deposit (check or money order) to address below or go online and pay with your credit card and email Registration form to hnorton5@gmail.com

**The Hearts Center
PO Box 277
Livingston, MT 59047**

(Additional information will follow within 2 weeks of registration.)

Payments Due:

- Upon registration: **\$300**
- 12 weeks prior: **50% of land cost**
- 8 weeks prior: **100% of land cost**

(National and international flights are not included.)

Cancellation Fees:

- Minimum fee: \$300
- 46-90 days prior to departure: 50% of land cost
- 45 days or less: 100% of land cost
(No refunds for air tickets once issued)