



# Costa Rica: Program \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ last name first name Rev / Dr / Mr / Ms / Mrs M or F

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ street address Cell Phone: \_\_\_\_\_

\_\_\_\_\_ city state zip Are you a U.S. citizen?  Yes  No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ street address Home Phone: \_\_\_\_\_

\_\_\_\_\_ city state zip Cell Phone: \_\_\_\_\_

Do you have a US passport?  N  Y Passport Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Do you have a foreign passport?  N  Y Which country is it from? \_\_\_\_\_

Airplane seating preferences:  Non-smoking  Smoking  Window  Aisle

Trip originating from NY, JFK Intl.; where will you be traveling from: \_\_\_\_\_

Rooming preferences:  Single room  Double room Roommate: \_\_\_\_\_

Special health needs: \_\_\_\_\_

Please indicate any previous travel to Costa Rica or any other developing country. Please include dates (if possible). \_\_\_\_\_

Why are you interested in Costa Rica? \_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

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Please mail the completed application and your deposit to: African Travel Seminars, P. O. Box 865, Bel Air Maryland 21014

Checklist:  Completed Application  Deposit  Phone contact: Georgina Lorencz: 410-420-6533. *Thank you!*