



Senegal & Gambia Cultural Immersion: — 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
_____ city state zip

Cell Phone: _____

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 in Africa or any other developing country. Please include dates (if possible). _____

Why are you interested in Senegal & Gambia? _____

How did you find out about this program? _____

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

Checklist: Completed Application \$500 Deposit Phone contact: Georgina Lorencz: 410-420-6533. *Thank you!*