



6555 State Hwy 30 East,
Decatur, TN 37322
423.334.8033

Helen Hamann Designs

REGISTRATION FORM -- TRIP TO PERU

Traveler

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
email _____

Misc

Date _____
Deposit \$500.00

Payment

Check

Type of Card _____
Name on Card _____
CC # _____
Expires _____
Authorization _____

Insurance

DOB _____

Passport # _____

For office use only

Please, if paying with credit card, make sure to fill out payment section in full and sign so we may charge your cc on the due dates. If the billing address for the credit card is different than the mailing address, please indicate that also. In addition, if you need insurance, give us your date of birth. We need your passport # for purchasing airline tickets. Indicate here if you have any special requirements.

Thank you! Let me know if I can be of any further assistance.