

Hostfest with Ole & Lena

PLEASE PRINT CLEARLY. FILL IN ALL BLANKS. If does not apply please enter N/A. Please fill out one form for each person.

	usly traveled with us Which Community center?		Other:	
NAME:				
Full Legal Name	First	Middle	Last	
PREFERRED NAME:		BIRTHDAY:		
	For Nametag		Required	
ADDRESS:				
	Street	Apt Number		
	City	State	Zip	
MOBILE PHONE:		_ EMAIL:		
ROOMMATE(ifApplica	able):			
	First	Last		
OCCUPANCY:				
	\$1,148 Single	_ DEPOSIT : \$200 Per Per	son	
	_	_ DEPOSIT : \$200 Per Per	son	
\$998 Double	E: August 22, 2025	_ DEPOSIT : \$200 Per Per _ 2 BEDS: DOESN		
\$998 Double FINAL PAYMENT DAT SLEEPING ARRANGE! TRAVEL INSURANCE:	E: August 22, 2025	_ 2 BEDS: DOESI AT BOOKING		
\$998 Double FINAL PAYMENT DAT SLEEPING ARRANGE! TRAVEL INSURANCE: I would like TRAVEL IN	E: August 22, 2025 MENTS: 1 BED: Price per person DUE A NSURANCE at per per	_ 2 BEDS: DOESN AT BOOKING son: Yes No		



tour|RATING These tours are designed to be Easy in their Difficulty Level but still require 1-3 miles of walking per day. Those who need to use a cane or a walker are welcome on Level ONE Difficulty tours **ONLY IF** you are able to walk 1-3 miles per day using your cane or walker without assistance.

If you require assistance to walk 1-3 miles per day when using cane or walker you will be **REQUIRED** to bring a PCA (Personal Care Attendant) along on the tour to assist you throughout the tour. Your PCA will accompany you on the tour at your own expense.

	iculty Tour with 1-3 miles of walking 3 plus miles without assistance or with my
n to use any of the following	g : Cane Walker
be using a cane or walker d n expense, to assist me thro	ficulty Tour with 1-3 miles of walking during this tour and I will bring a PCA with bughout the tour. The number of my PCA:
	er
ck preferred): Снеск:	Credit Card:
Exp Date:CVS th	nree (or four if Am Ex) letter code:
efforts to accommodate the special need	cial needs for walking, dining, airport assistance or other routine ds of tour participants. However, you will be required to have a veling. You must report any disability requiring special assistance
Travel Insurance Policy: Date Purchased: Travel Insurance Claim Num Date Canceled: Refunded: Yes No Date Re Amount Refunded: NOTES:	Cancellation Method: Writing Call Email
e r	fully capable of walking 1-3, Walker, etc) In to use any of the following that this is a Level ONE Difference using a cane or walker of a expense, to assist me through the property of the company of t