



2100 Constitution Blvd.  
Sarasota, FL 34231  
Email: [andrea@jat2a.com](mailto:andrea@jat2a.com)  
Phone: (941) 284-8615

**Please complete this registration form and return it to us by mail or email. Please include a legible copy of your passport and on 03/01/2017 the required deposit for the tour.**

**Tour Name: PRAGUE – SEPTEMBER 2017**

**Departure Date: September 12, 2017**

**Return Date: September 24, 2017**

**Departure City: Tampa, Florida**

---

**Passenger Name** (exactly as it appears on your passport):

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Tel: \_\_\_\_\_ Evening Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

Email: \_\_\_\_\_

---

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

---

---

**Please Sign & Date Below:**

*By signing below, I hereby certify that I have read all of the terms and conditions attached hereto, fully understand and accept them, and declare that I am not traveling against medical advice.*

\_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**All travel information pertinent to this tour will be sent to you via email approximately fourteen (14) days prior to your scheduled departure.**