



# Tour Registration Form

(Please print this form)

**Which trip are you registering for? (Check one)**

- Smoky Mountains       Orlando, Florida       Boone, NC  
 Atlanta, GA       Washington, DC

Gender:  Male  Female      Marital Status:  Married  Single

**Please print or type:**

Family Name \_\_\_\_\_ Personal/Given Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( \_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Spouse's name (if coming) \_\_\_\_\_

Children (age and sex) \_\_\_\_\_

Home Country \_\_\_\_\_ Religion \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

Major (Subject of Study) \_\_\_\_\_

Any food restrictions or allergies to pets? \_\_\_\_\_

Do you have any physical disabilities? \_\_\_\_\_

**IMPORTANT:**

Please sign the LIABILITY WAIVER & AGREEMENT OF PARTICIPATION I certify that my/my family's participation in this tour is voluntary. For myself and any who would claim under me, I release INTERNATIONAL FRIENDSHIP MINISTRIES, its employees, trustees, and agents, from any liabilities for loss, injury, or damage to my person (or any member of my family) or property which may result from my/our participation. I have read the tours web pages and agree to participate in all scheduled activities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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Make checks payable to and send with registration form to:  
INTERNATIONAL FRIENDSHIP MINISTRIES  
P.O. Box 12504,  
Columbia, SC 29211-2504