

Wellspring Sacred Journeys, Inc. – Registration Form

Please read program description and registration release form carefully and contact us with questions **before** you register.

Please reserve a space for me in the following program:

**June 22 – July 6 – Ceremonies with Condors, Caymans,
and Q'ero with Ruben Orellana**

**Registration and non-refundable deposit of \$500.00 are due by April 26.
Balance of payment is due no later than May 24th.**

Please check the box below ONLY if you also want the trip extension.

July 6 & 7 – Machu Picchu Trip Extension (Optional)

Your space will be secured only upon receipt of all of the following:

1. Registration Form
2. Traveler Information Form
3. \$500.00 deposit (payable to Wellspring Sacred Journeys, Inc.)

Please send completed forms, along with a \$500.00 deposit to:

Wellspring Sacred Journeys, Inc., P.O. Box 964, Fogelsville, PA 18051– 0964. You may also drop the forms and deposit off at Wellspring.

Upon receipt of all the above, confirmation of reservation will be sent to you.

Cancelation: Deposit is non-refundable. No refunds (for balance of the trip) will be given after May 24th.

Insurance and Documentation: A valid passport, with an expiration date of at least 6 months after the date of departure from Peru, is required. No visa is required for US citizens. We recommend that you purchase trip cancelation insurance. We also recommend that you purchase short-term travelers insurance to protect yourself and your luggage.

Responsibilities: Wellspring Sacred Journeys, Inc. reserves the right to accept or reject any participants at any time; to make changes in the itinerary when deemed necessary for the comfort and safety of the participants; to cancel the program at any time. If the program is canceled, Wellspring Sacred Journeys, Inc. shall have no responsibility beyond the refund of moneys paid to it by participants as listed. Wellspring Sacred Journeys, Inc. assumes no liability for damage, delay or loss of personal property. By registering, the participant agrees to all of the above and agrees that neither Wellspring Sacred Journeys, Inc. nor its affiliates shall be liable for any damage, loss or expense occasioned by any act or omission by any supplier providing services to any program participant.

Name (please print): _____ **Date:** _____

Signature: _____ **Payment Amt. :** _____ **Check #:** _____

Traveler Information (please print clearly)

Full Name (exactly as it appears on passport):

Address:

Phone: Home _____ Cell _____

Email Address: _____

Emergency Contact Information (in case of an emergency while traveling):

Name: _____

Relationship: _____

Address:

Phone: Home _____ Cell _____ Work _____

Passport Number: _____

Passport Expiration Date – Must be valid 6 or more months after July 5, 2019:

(month/day/year): _____

Birth date (month/day/year): _____

Medical Allergies / Prescription Medications / Conditions:

Food Restrictions (Fill out ONLY if you have food restrictions or food allergies):

Do you eat... Fish?: Yes No Dairy?: Yes No Chicken?: Yes No Eggs?: Yes No

Food Allergies or other restrictions: _____
