

# Impact Ndola

## July 9 - 20, 2027

Please fill in completely. Use full legal name as on passport (include middle initial or name if it appears)

**Full legal name as on passport:**  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

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

Phone (10-digit) Cell \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Name as it should appear on your nametag:  
\_\_\_\_\_

Street Address for UPS shipping (if different from above)  
\_\_\_\_\_

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

Arrange round trip air transportation from \_\_\_\_\_ airport.  
(if applicable) TSA pre-check/Global Entry \_\_\_\_\_  
\_\_\_\_\_

Choice of roommate \_\_\_\_\_

Please match me with a roommate (if available)

I prefer a single room (\$1,395 single supplement. Single rooms are extremely limited and may not be available.)

**Allianz Travel Protection**

Many U.S. health carriers do not provide benefits while outside the country and cancellation penalties can be substantial for many tours. For your own protection it is important that you have adequate insurance coverage in the event that you must cancel prior to travel or encounter illness or injury while overseas. Dehoney Travel, Inc. offers a Travel Protection Plan, OneTrip Prime, through Allianz Travel. **Please note, in order for the pre-existing clause to be in effect for this policy, your travel protection must be purchased in full within 14 days of the date on your tour deposit check or your credit card tour deposit being processed at Dehoney Travel. (Please check one of the following and sign where indicated.)**

**1.**  I am interested in purchasing travel protection through Dehoney Travel and Allianz Travel. Please send me further information. **I understand that travel protection will NOT be purchased on my behalf until I contact the Dehoney Travel office and speak directly with an insurance specialist.**

**OR**

**2.**  I would like to decline the optional insurance coverage.

Signature \_\_\_\_\_

**For assistance in evaluating your insurance needs or if you have questions about this coverage, please call our insurance department at (812) 206-1080.**

**Airline Security information**

Passport Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**The name on your air ticket must exactly match your name as it appears on your passport. Your passport must be valid at least 6 months beyond the return date of your trip. Please forward a copy of the photo/informational page of your passport to Dehoney Travel by mail or email when enrolling on the tour. If applying for a new or renewed passport, send the copy as soon as you receive your new passport.**

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place (City/State) \_\_\_\_\_

Nationality on Passport \_\_\_\_\_

**Emergency Contact/Medical Information:**

Name/Relationship \_\_\_\_\_

Phones: Cell \_\_\_\_\_  
other \_\_\_\_\_

E-mail \_\_\_\_\_

Medical information (allergies, medication, physical limitations, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**Deposit Information**

**Please process my \$750 deposit as follows:**

enclosed check

**OR**  process my e-check

Name on account \_\_\_\_\_

Address of account holder \_\_\_\_\_  
\_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

**OR**  charge to my credit card

Discover  MasterCard  Visa  AMEX

Card # \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

*Enrollment in and payment of deposit constitutes your acceptance of the Tour Conditions/Responsibility of Dehoney Travel, Inc. to provide this travel program.*

**Enroll by phone with credit card or e-check  
(812) 206-1080**

Make check payable to and mail enrollment to: Dehoney Travel,  
3008 Charlestown Crossing, New Albany, IN 47150  
or forward by email to [info@dehoneytravel.com](mailto:info@dehoneytravel.com)