Enrollment Form

Vision Trip to Northrise University
May 22 - June 3, 2027

8/19/26
#307

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

Title: Dr./Rev./Mr./Mrs./Ms./Miss Full Legal Name(s) (as on passport)

1. _____

2. _____

Home Address _____

_____

City _____

State _____ Zip _____

Phone (10-digit) Cell _____

Home _____ Work _____

Email _____

Name as it should appear on your nametag:

1. _____ 2. _____

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 1.*_____

*2.*_____

Choice of roommate _____

❑ Please match me with a roommate (if available)

❑ I prefer a single room (supplement of $1,650, though single rooms are extremely limited and may not be available.).

❑ **YES, add the optional helicopter ride ($250 per person)**

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:

1. Passport Number _____ Exp. Date_____

Nationality on Passport _____ ❑ Male ❑ Female

Date of Birth: Month _____ Day _____ Year _____

Place of Birth (State/Country) _____

2. Passport Number _____ Exp. Date_____

Nationality on Passport _____ ❑ Male ❑ Female

Date of Birth: Month _____ Day _____ Year _____

Place of Birth (State/Country) _____

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.*

Emergency Contact/Medical Information:

Name/Relationship _____

Phones: Cell _____

other _____

E-mail _____

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

1._____

2._____

Deposit Information Required:

Please process my/our $_____ deposit ($750 per person)

❑ 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