



INTERNATIONAL TRIP REGISTRATION FORM

Trip destination (check one) Norway & Denmark Aug 3 – 12 Iceland Oct 5 – 12

Your full name as it appears on your passport

Date of Birth (MM/DD/YYYY)

Gender

Your Passport Number if available

Passport Expiration Date (your passport should be valid through end of January 2019)

Home Address

Email

Phone Number (cell)

Yes No

- Will you be sharing a room with another traveler? (if yes, tell us who) _____
- Would you like NCE to assist in pairing you with a roommate?
- Would you like a single room?

Do you know others on the trip or are you expecting other companions or family members to register? If so, please tell us who.

Would you like us to pass along information about the trip to your acquaintances? If so, please share their emails.

Have you completed and enclosed the travel waiver? Yes No

I am enclosing a check for Deposit – 1st Payment Entire Amount (save \$50)

Payment is by check only. Please make checks payable to Newton Community Education Mail 1) registration form, 2) checks and 3) travel waiver to: Newton Community Education • 457 Walnut St. • Newton, MA 02460