



**BOOKING REGISTRATION FORM
MIAMI TOUR
April 10-16, 2023**

NAME AS IN PASSPORT: Miss/Mrs. Mr. _____

MAILING ADDRESS : _____

EMAIL ADDRESS : _____

TELEPHONE NUMBER : HOME _____ CELL _____ WORK _____

NAME OF SCHOOL/WORKPLACE _____

AMOUNT DEPOSITED : _____

OCCUPANCY REQUIRED: SINGLE DOUBLE

TRIPLE QUAD

ROOM MATE(S) : _____

DO YOU HAVE A VALID VISA? YES () NO () If yes Expiry Date _____

PASSPORT NUMBER: _____ ISSUE DATE _____ EXPIRY DATE _____

DATE OF BIRTH: _____

TYPE OF PASSPORT: JAMAICAN OTHER Please indicate _____

SIGNATURE: _____

NB: Please submit a copy of the front page of your passport.