

www.TravelwithWomen.com
...for women who want more than a vacation.
REGISTRATION Information and Form

Reservations: Your space is reserved upon receipt of non-refundable deposit. Please make your check payable to Mary Ann Jones. Write trip name on memo line of your check. This will be acknowledged with a general information memo, pertinent information, and a list of sister travelers. Health forms should be filled out accurately and brought with you.

Most trips require a **minimum number** of participants for it to be a “go”. If we don’t have enough people we reserve the right to cancel the week. In this case full refunds will be issued, including deposit. However, we are not responsible for any expenses incurred as a result of cancellation, including but not limited to airline tickets. We recommend traveler’s insurance (i.e. see Travelex.com for one such insurance company and check Google for others), which includes trip cancellation, baggage and medical protection. Be sure your policy covers travel outside this country; ask about all contingencies.

With regard to transportation and other related travel services including accommodations, we give notice that we act only as agents for the same and assume no liability for injury, delay, irregularity, loss or damage to person or property, or additional cost resulting directly or indirectly from any of the following: acts of Nature, strikes, governmental regulations, civil disturbances, discrepancies over which we have no control. Please sign this form acknowledging you have read this and release us of responsibility.

Signature:-----

Week:-----

Name:-----

Address:-----

Phone numbers:-----

Email-----

Mary Ann Jones
PO Box 503, W. Harwich, MA 02671
(508) 904 5843/ Email MAJAMAICA@hotmail.com
Or Louise A. Bonar (617) 254-1729/
24 Brayton Rd. Boston, MA 02135

Signature of
Participant _____

Health Form: TravelwithWomen

Name:-----

Address:-----

Phone numbers:-----

Email:-----

Contact Person/Telephone/email:-----

Medical information included here is confidential and only for your protection. A medical or nervous condition does not disqualify you from taking part in the trips. Making accurate medical information available is for your and other travelers' safety.

1. Do you have/have you had any of the following? Describe any physical constraints or medical conditions on the other side.

- High blood pressure/medication-----
- Heart disease/medication-----
- Rheumatic fever/medication-----
- Headaches, dizziness, fainting/meds.-----
- Vision or hearing problems-----
- Kidney disease/medication-----
- Epilepsy/medication-----
- Asthma/medication-----
- Diabetes/medication-----
- Hypo or hyper thyroid/meds.-----

2. Are you allergic to any drugs? If so, which ones and the nature of the reaction:

3. Are you allergic to insect bites or stings? If so, which ones and the nature of the

reaction:-----

4. Are you allergic to any foods? If so which ones and the nature of the reaction:

Please be responsible for providing your own antidote or medication and provide a list of medications you are taking.