



Group Registration Form

Group Name: Scopia Egypt Tour 2020

Departure Date: October 14, 2020

Return Date: October 24, 2020

Please fill out this form in capital letters, exactly as in your passport(s). Passports must be valid at least six months beyond the date of return. Each participant must complete a form. Return this completed form, a copy of the passport and a non-refundable check for \$300 per person (plus \$28 if joining the group travel insurance) to Scopia LLC, 8916 N. Iroquois Road, Bayside, WI 53217 by February 28, 2020. Note: checks will not be deposited unless we reach 10 participants.

Participant Name:

Last _____ First _____ Middle _____

Date of Birth ___/___/___ Gender _____ Passport Country/Expires _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Email _____ Name Tag Name _____

Medical Concerns/Allergies/Special Equipment or Medications _____

Dietary needs on flights/hotel meals _____

Do you have any difficulty walking on uneven terrain or unpaved roads, difficulty climbing stairs, use a cane or require frequent stops to rest? Please explain in detail _____

United Airlines (Mileage Plus) frequent flyer number (if any) _____

Global Entry or TSA Pre-Check number _____ Seat preference on flights _____

Who are you rooming with? (Each participant must complete and sign a form):

Last _____ First _____

Or,
_____ I prefer single accommodations and will pay the Single Room tour cost.

Or,
_____ Please find me a roommate (We will do our best to find a suitable roommate. If we cannot find one, you will be asked to pay the Single room rate).

I have read, understand and agree to all sections in the tour brochure including, but not limited to (a) the Tour Difficulty Level, (b) What is included and not included in the tour cost, (c) Terms and Conditions, (d) Disclaimer, (e) Department of State and CDC safety and health information, (f) Itinerary and all other details listed in the brochure.

I am interested in travel insurance purchased as a group Yes _____ No _____

I am interested in the Abu Simbel excursion (October 23) for an extra \$400 per person Yes _____ No _____

Name _____ Signature _____ Date _____

Residents of California and Florida: Sorry. Scopia LLC is not registered as a Seller of Travel in your state.