To be completed for each traveler at time of registration and 1st deposit.

Send digital or hardcopy forms to:

**James P. ARAM**

**jparam@gmail.com** *or*  **P.O. Box 4664, Chico, CA 95927-4664**

**IMPORTANT INFORMATION**

The **first deposit** for each traveler—**$500 USD for 22-day tour** or **$600 USD for 27-day tour**—is due and **payable to James Aram** at time of registration. Upon registration of at least 10 tour participants (and in approximate batches of 10 thereafter), travelers’ deposits will be sent to Network Tours via international wire transfer. Individual bookings will occur upon receipt of travelers’ initial deposits by Network Tours.\*\*

There is no risk of losing any portion of your initial deposit if you cancel your plans *prior to the transfer of your first deposit to India.* If the trip is cancelled prior to the international transfer of the deposit money, the full amount will be refunded to the payer. After funds are transferred to India, however, Network Tours’ cancellation policy and graduated fee schedule will apply. Network Tours’ cancellation policy is available upon request.

The **second deposit of $1,000 USD is due on Nov. 1, 2015**. Travelers’ balances owed to Network Tours for the trip, payable in USD, are due upon arrival and tour commencement in India.\*\*

|  |  |
| --- | --- |
| **Name as appears on passport (last, first)** | Click here to enter text. |
| **Common (preferred name) if different** | Click here to enter text. |
| **I am registering for (check one only)**  | [ ]  **22-day SRF tour** [ ]  **27-day tour including Himalayan Hills Extension**  |
| **Email address** | Click here to enter text. |
| **Mailing address** | Click here to enter text. |
| **Mobile phone no.** | Click here to enter text. |
| **Passport no., country of issue, & expiration date (include copy of passport photo page with form)** | Click here to enter text. |
| **SRF or YSS membership number** **(or name of accompanying relative that is member)** | Click here to enter text. |
| **Emergency contact, relationship & phone number** | Click here to enter text. |
| **My medical insurance covers international travel (check one)** | [ ]  **Yes** [ ]  **No** |
| **I will purchase Travel Insurance (recommended)** | [ ]  **Yes** [ ]  **No** [ ]  **Not sure yet** |
| **My initial deposit, payable to James P. Aram, is enclosed (check amount)** | [ ]  **$500 USD (22-day tour)** [ ]  **$600 USD (27-day tour)** [ ]  **Other $**\_\_\_\_\_\_\_\_\_\_ **USD** |

**Signature of Registrant or Guardian (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**