

INDIA PILGRIMAGE: “Walking in the Guru’s Footsteps”
Operator: Network Tours located in New Delhi, India
Tour start: January 30, 2016, in New Delhi*

TOUR REGISTRATION FORM

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)	<input type="checkbox"/> 22-day SRF tour <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will purchase Travel Insurance (recommended)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure yet
My initial deposit, payable to James P. Aram, is enclosed (check amount)	<input type="checkbox"/> \$500 USD (22-day tour) <input type="checkbox"/> \$600 USD (27-day tour) <input type="checkbox"/> Other \$ _____ USD

Signature of Registrant or Guardian (if minor): _____ Date: _____

* Tour start date subject to slight change until final itinerary is locked (early enough to make airline reservations).

** See itineraries for main pilgrimage and optional extension prices, inclusions, and exclusions.