



1278 Glenneyre St. #439, Laguna Beach, CA 92651

Phone: 303.601.5089

laurie@cousinsphototours.com

www.cousinsphototours.com

**PLEASE PRINT AND MAIL THIS RESERVATION
FORM WITH \$800 DEPOSIT PER TRIP
(Click for printable PDF File, or print out this page)**

Please reserve ___ spaces on the **Morocco: Marrakech and the High Atlas
March 7-15, 2023.**

Please reserve ___ spaces on the **Morocco: Fes and the Northern Rif
Mountains to Tangier March 16-25, 2023.**

Please reserve ___ spaces on the **Add on for the Sahara Desert Camel Trek.**
Dates TBD prior to or after above excursions.

Name as on passport _____

Name you go by if different from above

(i.e. nickname) _____

Street _____

City _____

State _____ Zip _____ Country _____

Phone (Home) _____

Phone (Cell) _____

Email _____

Birthdate ___ / ___ / ___ M/F _____ Occupation _____

Passport #(s) _____ Expires ___ / ___ / ___

Country of issue _____

Single Supplement when available

() I am traveling alone and would like to share a room (single supplement will apply and TBD).

() I am a smoker. () I am a snorer.

() I prefer to room alone and will pay the single supplement.

Any physical limitations/conditions? _____

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If yes, please explain _____

Person to contact in case of emergency during the tour:

Name _____ Relationship _____
Address _____ City _____
State _____ Zip _____ Country _____

Phone (Home) _____ Phone (Cell) _____
Email _____

How did you hear about this Photo Tour? _____

I/We have read the TERMS AND CONDITIONS which apply to this tour, especially noting the policy on cancellation, price of tour, responsibility, health, and trip insurance:

Signature of participant _____ Date _____

PLEASE NOTE: This form shall also serve as a model release for all photographs of tour members.

TO RESERVE A SPOT...

A deposit of \$800 is required with this completed reservation form.

Please make checks payable to: **COUSINS PHOTO TOURS, LLC**

VENMO: LAURIE NASSIF@LWAWA

THANK YOU... NANCE & LAURIE