



FAMILY AND FRIENDS TOUR REGISTRATION FORM

TRAVELER'S REGISTRATION CARD

| | |
|--------------------------|--|
| TRAVELER NAME | |
| MAILING ADDRESS | |
| HOME PHONE NUMBER | |
| WORK PHONE NUMBER | |
| CELL PHONE NUMBER | |
| FAX NUMBER | |
| E-MAIL ADDRESS | |
| REFERRED BY | |
| PAYMENT ENCLOSED | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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|--------------------------|--|
| TRAVELER NAME | |
| MAILING ADDRESS | |
| HOME PHONE NUMBER | |
| WORK PHONE NUMBER | |
| CELL PHONE NUMBER | |
| FAX NUMBER | |
| E-MAIL ADDRESS | |
| REFERRED BY | |
| PAYMENT ENCLOSED | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please complete and mail this form along with payment to the address below.

COMPLETE A REGISTRATION CARD FOR EACH TRAVELER

ACHA D2 Select Team – 80 Rotterdam Drive – Glenmont – New York – 12077

WEBSITE: <http://www.achad2selects.com>

E-MAIL: info@achad2selects.com