FRANCES PARNELL TRAVEL ADVENTURES

Reservations for All Tours: Call or E-mail Frances Parnell with specific questions. A check made payable to *Natural & Family Resources*, *Inc.* will reserve your spot on most of the tours as noted in the descriptions. Reservations should be made as soon as possible to insure your space. Final payment due dates are noted with the description of the tour. Every effort is made to offer refunds when cancellations are necessary, however, some events require pre-payment that may not be refundable.

Cancellations: I am getting questions about trip cancellations these days. Some people are getting "burned" by last minute cancellations. Please know that I seldom cancel a trip and when it does happen, I cancel as soon as I see the numbers just will not make, and <u>before</u> I make non-refundable deposits using your money. You will know well in advance that a trip will be cancelled.

Responsibility: Natural & Family Resources, Inc. purchases travel services (transportation, lodging, food, tours, entertainment) from various independent suppliers. Natural & Family Resources, Inc. cannot be held liable for any personal injury or property damage, or any loss which may occur under the control of those suppliers. Further, Natural & Family Resources, Inc. and Frances B. Parnell must be released and held harmless from any liability for delays, missed transportation or cost increases for services that are imposed beyond the control of Natural & Family Resources, Inc. While assistance is offered, it is the responsibility of the individual to procure travel insurance for desired protection while traveling with Natural & Family Resources, Inc., and Frances Parnell Travel Adventures.

	REGISTRAT	ION FORM		
~complete <u>or</u>	ne form per person, p	rint and submit with your che	ck~	
Name of tour being booked(if you are booking more than one tour, p				
Enclosed please find a de (due dates for depo	•	 ts are stated with the tour des	criptions)	
Your name		Date of birth (15AUG20)		
		on driver's license or passpor		
Male [] Female []		TSA # mber if this is international tra		
Your name as you would	like it to appear on yo	ur name tag		
Roommate's name				
Your address				
(street)	(city)	(state)	(zip code)	
Your Telephone	Yo	ur Email:		
		Today's date		
Special Dietary Needs:				
Emergency Contact:		Telephone #:		

MAKE CHECK TO

Natural & Family Resources, Inc.

MAIL TO

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