



The Friends of The Frelinghuysen Arboretum

Wonder of Wales Garden Tour 2019 Registration Form

Please check one:

LAND & GROUP AIR _____

LAND ONLY _____

NAME: (as it appears on passport)

Mailing Address:

Birth Date:

Passport Expiration Date:
(Passport must be valid for 6 months after return date of 6/6/19)

Country of Issue:

Home Phone #:

Cell Phone #:

Email Address:

Room Type: (Single/Double)

Room Mate:

Emergency Contact:

Name & Relationship:

Phone #:

Special Requests:

Please acknowledge your agreement to the previously stated terms and conditions by signing below.

Print Name _____

Signature _____