



**AFRICAN CULTURE AND WELLNESS FESTIVAL *Registration Form February 2017***

General Package \$3500.00 \_\_\_\_\_

Ground Package \$2200.00 \_\_\_\_\_

See general terms for details on packages

Full Name as shown on ID or Passport : \_\_\_\_\_

Email address : \_\_\_\_\_

Facebook, Twitter: \_\_\_\_\_

Mobile Phone # : \_\_\_\_\_

Home or alternate phone # : \_\_\_\_\_

Address Line 1 : \_\_\_\_\_

City/ State/ Postal code/Country \_\_\_\_\_

African or Nickname (You will be recognized by this name): \_\_\_\_\_

Gender: Male or Female : \_\_\_\_\_

Date of Birth with year : \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Race: Please specify : \_\_\_\_\_

How serious are you about going on this tour from 1 to 10? \_\_\_\_\_

What are you looking to get out of this tour? \_\_\_\_\_

What are your specialties or professions? \_\_\_\_\_

Do you have any special needs? If yes then explain \_\_\_\_\_

Special diet? Vegan, Vegetarian, diabetic or Meat eater \_\_\_\_\_

How did you hear about us? \_\_\_\_\_