**TRIP PARTICIPANT REGISTRATION**

**Yellowbilled Tours (YBT) France: the Camargue and Provence Birding Field Trips**

**May 4th to May 12th.**

**6 persons maximum each field trip**

**The cost of the field trip is $3250.00 per person base fee for six attendees and $3950.00 for four attendees. The fee covers France train fees from Paris to Avignon, lodging plus breakfast, transportation, fuel, park and guide fees. Airfare, return from Avignon to Paris, and meals other than breakfast are not included.**

**A $1900.00 deposit per person is required upon registration. The balance of $1350.00 for group of six.**

 **A $250.00 administration fee will be charged if you cancel within 60 days after you register plus the TGV ticket cost. The balance is due March 20, 2020.**

**If a participant cancels within 60 days of the start of the trip every effort will be made to**

**find a suitable replacement. If a replacement cannot be found, your payments will be forwarded to a YBT Guest Account.**

**The YBT Guest Account offers you other field trips equaling the cost the France trip of your choice within the next 15 months.**

**Richard Cimino Phone 925-353-0266**

**60 Elizabeth Circle**

**Larkspur, Ca. 94904** yellowbilledtours@gmail.com

**DATE OF TRIP**: May 4, 2020 - (Arrival in Paris late AM of May 5) to May 12, 2020

1. Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State and ZIP:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. E-mail address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_

6. Describe your general physical condition. Prescriptions you may be taking daily?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Do you have hearing difficulties; do you use a hearing aid? Yes\_\_\_\_\_ No\_\_\_\_\_\_\_\_

8. Do you have trouble with stepping up into a four-wheel vehicle? Yes \_\_\_\_\_ No

9. Emergency contact information:

Name & relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_