



REGISTRATION FORM

Costa Rica 2026 Jan. 10-17, 2026

Full Name _____ Veteran? (check if yes) _____
(Names must appear **EXACTLY** as on your Passport)

Traveling Partner _____ Veteran? (check if yes) _____
(Names must appear **EXACTLY** as on your Passport)

Please include a photocopy or picture of your passport information / photo page with this registration.

Names for name tags 1 _____
2 _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: 1 _____ 2 _____ Passport #'s: 1 _____ 2 _____

Emails: _____ Exp. Dates: _____

Phone: _____ Cell Phone: _____

Any special needs, diet, medical etc. _____

Group Air Out of OMA: Yes _____ No _____

If "No," what airport would you like to fly out of? _____

If "Yes," where would you like picked up? Sioux Ceinter _____ Sioux City _____ At Airport _____

Prices per person double PLUS AIR Deposit Due: \$ 1 Queen Bed:___ 2 Beds:___ Gratuities:\$151

A Travel Protection Plan (\$249 pp) is available and strongly recommended. Final Due Date: _____

Yes: _____ We do want Travel Protection (Recommended). Extra Touch will contact you with details.

No: _____ We do not wish to purchase Travel Protection.

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Send registrations to:

Sign: _____

720 E. Norfolk Ave.

Phone: (712) 317-9002

Norfolk, NE 68701

Email: info@extratouchtours.com

Credit Card: Credit Card # _____ Exp. Date: _____ Security Code: _____

Name on Card: _____