

Registration for Cape Cod  
September 16-21, 2024

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(as it appears on drivers license)

Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone number \_\_\_\_\_

Names of people sharing room: \_\_\_\_\_

\*Do you need a roommate for this trip? \_\_\_\_\_ yes \_\_\_\_\_ no

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

In case of emergency, contact: (name and phone #) \_\_\_\_\_

Vacation Protection Coverage is available and advisable. Please call for brochure. Do you wish to purchase this coverage?  
\_\_\_\_\_ yes \_\_\_\_\_ no Signature: \_\_\_\_\_ (Insurance can be purchased online at  
**www.TravelConfident.com**)

Amount paid: \_\_\_\_\_ Payment method: Check (NCDL#) \_\_\_\_\_ Cash \_\_\_\_\_

Do you want to be included on Paradise Travels and Tours email list? \_\_\_\_\_ yes \_\_\_\_\_ no  
\_\_\_\_\_ already on the list.

**Please mail payment and registration form to:**

Paradise Travels and Tours, Inc., Arnette Cowan, Owner  
PO Box 222  
Knightdale, NC 27545  
(919) 217-0062 phone; (919) 266-6386 fax; e-mail- paradisetravels1@aol.com

**Suggested Payment Plan for Cape Cod  
September 16-21, 2024**

\$75 due no later than Dec. 15, 2023	\$100 due no later April 15, 2024
\$100 due no later than January 15, 2024	\$100 due no later May 15, 2024
\$100 due no later than February 15, 2024	\$100 due no later June 15, 2024
\$100 due no later than March 15, 2024	
Final payment due no later than July 1, 2024	

**Vacation Protection Insurance is available and advisable. The insurance flyer is attached to this email. Vacation protection insurance must be purchased within 14 days of deposit if you want pre-existing conditions covered.**

\*In the event that you are having difficulty finding a roommate, give us a call. While Paradise Travels and Tours, Inc. does not assign a roommate to you, we will maintain a list of those looking for roommates. If we are unsuccessful, the single rate applies.