



**SOLO TRAVELLER PROGRAM
REGISTRATION FORM**

NAME:

ADDRESS:

PHONE:

EMAIL:

AGE GROUP: 50-60 60-70 70+

MALE FEMALE SMOKER NONSMOKER

WHAT TYPE OF TRAVEL ARE YOU INTERESTED IN?

**Adventure Travel
Art/Culture/Theatre
Eco Tourism
Food/Wine
Shopping
Bridge**

**All-Inclusive Resort
Cruises
Escorted Tours
Golf
Spas/Fitness**

WHAT DESTINATIONS INTEREST YOU?

**Alaska
Caribbean
Europe
Island Resorts
South America
USA**

**Asia
Canada
Hawaii
Mexico
South Pacific
Africa**

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**When you have completed this form please email it to
blaneys@blaneystravel.com or fax to (250) 382-4867**