



AFRICAN CULTURE AND WELLNESS FESTIVAL *Registration Form February 2019*

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? _____