

REGISTRATION FORM

(One per passenger)

SOUTHERN ANNE ARUNDEL CHAMBER OF COMMERCE | THE VERY BEST OF CROATIA & THE DALMATIAN COAST | OCTOBER 11 - 19, 2026

Registration/Reservations are now open. Use our booking website <https://booking.aventuraworld.com> Use booking code: KQKORQ

Please complete the form below (one per passenger) and e-mail it with *a clear color copy of your passport information page* (passport photo, passport number, and expiration date clearly visible) to reservations@aventuraworld.com

PLEASE WRITE LEGIBLY - NAMES MUST BE LISTED AS THEY APPEAR ON YOUR PASSPORT

Name: Mr. /Mrs. /Ms. : _____ Date of Birth: _____ / _____ / _____

First/Middle Name

Last Name

Passport#: _____ Country of Issue: _____ Expiration date: _____ / _____ / _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

Rooming as: Single supplement (+\$899) Double/Twin occupancy with: _____ First/Middle Name _____ Last Name _____

Special Requests: _____

OPTIONAL TOURS

	Yes	No	Price
Venice Tour	<input type="checkbox"/>	<input type="checkbox"/>	\$189
Pula & Rovinj (Free before March 31, 2026)	<input type="checkbox"/>	<input type="checkbox"/>	\$99
Montenegro (Dubrovnik extensionOnly)	<input type="checkbox"/>	<input type="checkbox"/>	\$89
	Total		\$ _____

OPTIONAL EXTENSION

	Yes	No	Price
Dubrovnik	<input type="checkbox"/>	<input type="checkbox"/>	\$1,199 (Double)
	<input type="checkbox"/>	<input type="checkbox"/>	\$1,898 (Single)
	Total		\$ _____

Please Note: A minimum of 15 passengers is required for the optional tours and a minimum of 20 to operate the extension.

CALCULATE TRIP COST

Trip cost before March 31, 2026::	\$4,199.00
Single supplement (if applicable):	\$ _____
Optional Tour to Venice:	\$ _____
Optional Tour to Pula & Rovinj (Free before March 31, 2026):	\$0
Optional Dubrovnik Extension:	\$ _____
Optional Montenegro Tour (Extension):	\$ _____
Subtotal:	\$ _____

Trip cost after March 31, 2026::	\$4,299.00
Single supplement (if applicable):	\$ _____
Optional Tour to Venice:	\$ _____
Optional Tour to Pula & Rovinj	\$ _____
Optional Dubrovnik Extension:	\$ _____
Optional Montenegro Tour (Extension):	\$ _____
Subtotal:	\$ _____

Use this subtotal to calculate your optional trip protection premium cost

TRAVEL PROTECTION PLAN:

We strongly recommend protecting your trip with our Optional Travel Protection Plan or upgrade to our Cancel For Any Reason Plan. The applicable premium must be paid upon registration. For full disclosure of coverage, please visit: www.aventuraworld.com/files/travel-protection.pdf. Policy rates are based on the total Tour Cost per person including taxes, optional tours and optional Dubrovnik extension (your subtotal from above).

****Cancel For Any Reason protection plan is not available for residents of New York****

Tour Cost:	\$4,001 to \$4,500	\$4,501 to \$5,000	\$5,001 to \$5,500	\$5,501 to \$6,000	\$6,001 to \$6,500	\$6,501 to \$7,000	\$7,001 to \$8,000	\$8,001 to \$9,000
Policy cost:	<input type="checkbox"/> \$283	<input type="checkbox"/> \$318	<input type="checkbox"/> \$345	<input type="checkbox"/> \$379	<input type="checkbox"/> \$408	<input type="checkbox"/> \$442	<input type="checkbox"/> \$491	<input type="checkbox"/> \$554
Cancel For Any Reason Cost:	<input type="checkbox"/> \$424.50	<input type="checkbox"/> \$477	<input type="checkbox"/> \$517.50	<input type="checkbox"/> \$568.50	<input type="checkbox"/> \$612	<input type="checkbox"/> \$663	<input type="checkbox"/> \$736.50	<input type="checkbox"/> \$831

YES, I accept travel protection NO, I decline travel protection (not recommended)

CALCULATE DEPOSIT:

Deposit: \$800.00 + Optional Tours \$ _____ + Optional Dubrovnik extension \$ _____ + Travel Protection Premium \$ _____

Deposit Due \$ _____

Deposit due at time of registration.

Final remaining balance due **June 11, 2026**

PAYMENT METHODS:

Check #: _____

To pay and reserve online, go to: <https://booking.aventuraworld.com>. When paying by check, please fully complete the form and send the check payable to **Aventura World** and reservation form to **Aventura World Operations - Croatia - 250 Moonachie Road, Suite 308, Moonachie, NJ 07074**. Optional tours and extension packages must be requested and paid for in full before final payment. If you wish to pay more than just the deposit amounts, indicate this in the notes section. Please make a copy and advise your group leader that you have registered and paid by check directly with Aventura World.

Aventura World recommends the purchase of Cancel for Any Reason (CFAR) travel protection insurance at the time of booking.

CANCELLATION POLICY (NEW BOOKINGS, NOT FUTURE TRAVEL CREDITS):

Cancellations between initial deposit and up to 130 days prior to departure \$400 non-refundable per person plus the cost of trip cancellation & interruption protection is retained. Between 130 and 91 days prior to departure, the total initial deposit per person is retained, 90 and 61 days prior to 61 days prior to the: 50% is retained, 60 and 31 days prior to departure: 85% is retained, 30 days or less prior to departure, or no show: 100% of the package price is retained.

Note: A person becoming single as a result of the roommate's cancellation must pay the single supplement.

Aventura World reserves the right to adjust pricing based on currency fluctuations, gas increases, and government/airline-imposed charges.

Aventura World reserves the right to adjust pricing based on currency fluctuations, gas increases, and government/airline-imposed charges. I have read the schedule of activities for the Southern Anne Arundel Chamber of Commerce - The Very Best Of Croatia & The Dalmatian Coast program - October 11 - 19, 2026 and accept the terms and conditions outlined on our website www.aventuraworld.com/Terms-Conditions and authorize \$ _____ to be charged to my card (including optional tour/extension and insurance premium if applicable - from Deposit Due line above). charged to my card (including optional tour/extension and insurance premium if applicable - from Deposit Due line above).

SIGNATURE: _____

DATE: _____ / _____ / _____

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