



## Travel Registry Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

Amount Enclosed: \_\_\_\_\_

Couple: \_\_\_\_\_

**Please send this completed form and payment**  
*(checks made payable to Solutions Travel) to:*

Solutions Travel  
P.O. Box 365  
Windsor, VA 23487

*Thank You!*