

REGISTRATION FORM

STFM Trip to Spain

September 22-30, 2025

INFORMATION

(ATTENDEE 1)

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____

Preferred First Name: _____

Work Phone: _____ Mobile Phone: _____

Email: _____

I will be 18 years or older by the first day of the event

Special Dietary Requirement: None Vegetarian Vegan Gluten-free Halal Kosher

Food Allergy/Other: _____

Americans with Disabilities Act (ADA) or Other Personal Considerations:

What Accommodations do you require to fully participate: _____

Emergency Contact (This cannot be a person traveling with you)

Name: _____ Phone: _____

Relationship to Attendee: _____

(ATTENDEE 2) IF APPLICABLE

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____

Preferred First Name: _____

Work Phone: _____ Mobile Phone: _____

Email: _____

I will be 18 years or older by the first day of the event

Special Dietary Requirement: None Vegetarian Vegan Gluten-free Halal Kosher

Food Allergy/Other: _____

Americans with Disabilities Act (ADA) or Other Personal Considerations:

What Accommodations do you require to fully participate: _____

Emergency Contact (This cannot be a person traveling with you)

Name: _____ Phone: _____

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PAYMENT INFORMATION

REGISTRATION FEE:

The fee includes 8 nights hotel, meals specified on itinerary, airport transfer in Madrid and Malaga, 2 full-day tours and 1 half day hour; Airfare is NOT included. All registration fees are in US dollars. Additional details can be found [here](#).

Single	\$6,992
Double (for 2 people)	\$11,905

PAYMENT INFORMATION:

- Pay in Full
 Pay 50% Now With the Remaining Balance Due by June 1, 2025*

Total amount enclosed: \$ _____

**Note: STFM will automatically run your credit card on this date*

METHOD OF PAYMENT:

- Check Enclosed, Payable to STFM Mastercard Visa AMEX

Card Number: _____ CW: _____ Expiration Date: _____

Zip Code: _____

REFUND POLICY:

Due to the unique nature of this trip, all registrations are non-refundable. We strongly encourage all participants purchase travel insurance to protect their investment. We recommend considering coverage through providers such as [UnitedHealthcare Global](#) or [Travel Guard](#). Please note that these recommendations are provided solely for your convenience and do not imply any endorsement of these providers.

HOW TO REGISTER:

Mail this form with payment to:

STFM

11400 Tomahawk Creek Parkway, Suite 240

Leawood, KS 66211-2672

Or fax this form with credit card information to 913-906-6096.

Or email mabuel@stfm.org