HERITAGE TOUR OF CEBU
WITH THE MUSEUM FOUNDATION OF THE PHILIPPINES

Reply Form

☐ Yes, I will join the Cebu Heritage Tour. Please reserve a slot for me.

Full Name: _____
LAST NAME, FIRST NAME, MIDDLE NAME

Mobile Phone No: _____ Landline: _____

Email Address: _____

Other contact information: _____

Are you a member of the Museum Foundation of the Philippines? ____Yes ____No

For confirmed participants, please fill out the following for insurance purposes:

Date of Birth: _____

Name of Beneficiary: _____
Last Name, First Name, Middle Name

Date of Birth of Beneficiary: _____

Address of Beneficiary: _____

_____

Thank you.