

2010 Tour Reservation Form

Reservation forms below are to be filled out and signed for each tour. One form per person.

Tour Name _____ Tour Date _____

Legal Name: _____

(Nickname): _____

Address _____

City _____ State _____ Zip _____

Phone (____) Day _____ Evening _____

Email: _____

Emergency Contact Name & Number _____

Occupancy (check one):

Single Double Triple Quad

Roommate Name(s) _____

Date of birth _____

International: Passport # _____

Expiration date _____ Place of Issue _____

Travel Insurance (please check one):

Yes, I will purchase No, I am declining

Special requests: (check preferences):

Non smoking room Smoking room

Other special needs or concerns: _____

Deposit Information: Amount: \$ _____

By Check:

By Credit Card: Mastercard Visa Discovery

Credit Card Number: _____

Expiration date: _____ 3 digit code _____

Signature: _____

Today's date: _____

ACKNOWLEDGEMENT: I have read the Responsibility Clause on the General Information page and understand the conditions. It is necessary for each tour participant to sign this acknowledgement in order to be confirmed on this tour.

Signature of tour participant _____ Today's date _____

Tour Name _____ Tour Date _____

Legal Name: _____

(Nickname): _____

Address _____

City _____ State _____ Zip _____

Phone (____) Day _____ Evening _____

Email: _____

Emergency Contact Name & Number _____

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Single Double Triple Quad

Roommate Name(s) _____

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Signature of tour participant _____ Today's date _____