

## LEGACY TOURS, INC. - REGISTRATION FORM

Please complete this form and return it with your deposit of US \$300 to:

**Legacy Tours, Inc.**

**PO Box 8156**

**Spokane, Washington 99203**

**Phone: 509-624-1889 Fax: 509-624-1885**

Tour Destination: \_\_\_\_\_ Tour Dates: \_\_\_\_\_

Name (as it appears on your passport): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prv.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Passport No: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Name, address, e-mail, and telephone number can be shared with participants of the tour: (\_\_\_)

I acknowledge I have not been recently treated for, nor am I we aware of any physical or emotional condition that would create a hazard to myself, or to other participants and guides while on tour: (\_\_\_)

Special Requirements: \_\_\_\_\_

--Share double room with Spouse/Companion: (\_\_\_) Name: \_\_\_\_\_

--I request a single room at an additional single supplement cost to me [when available]: (\_\_\_)

--I would like to share double room with another tour participant as yet unknown to me: (\_\_\_)

Please Note: Tour prices are based on double occupancy, so all single travelers will incur an additional single supplement cost when a roommate is not available from among the pool of tour participants.

Deposit enclosed: US \$300 (non-refundable) per tour registrant: (\_\_\_) Check

Credit Card Payment: (\_\_\_) Visa (\_\_\_) MasterCard Expiration Date: \_\_\_\_\_

Bankcard Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Billing address (if different than home address): \_\_\_\_\_

I acknowledge that I have read the INFORMATION AND CONDITIONS supplied to me by Legacy Tours, Inc. (see Terms and Conditions #4100). I understand that the terms of this agreement are contractual, and that by signing this form I accept and affirm that I am subject to the Terms and Conditions as recorded and presented to me by Legacy Tours, Inc.

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

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