

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: _____