

LEGACY TOURS, INC. - REGISTRATION FORM

Complete form and return with your deposit of \$300USD (\$500USD – Custom Tours) to:

Legacy Tours, Inc.

PO Box 8156Spokane, Washington 99203

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

Tour Destination: _____ Tour Mo: ____ Yr: _____

Name (as it appears on your passport): _____

Mailing Address: _____ City: _____

State/Prv.: _____ Postal Code: _____

Day Telephone: _____ - _____ - _____ Evening Telephone: _____ - _____ - _____

E-mail Address: _____

Sex: ____ Birth Date: _____ Birthplace: _____

Passport No: _____ Nation: _____

Place of issue: _____ Date of Issue: _____ Date of Expiration: _____

Name, address, e-mail, can be shared with participants of the tour: Yes (____)

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 room 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: (____)

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.

Non-Refundable Deposit: \$300USD (Custom Tour \$500USD) per tour

registrant: (____) Check (____) Visa (____) MasterCard

Expiration Date: _____ Three Digit Security Number: _____

Bankcard Number: _____ - _____ - _____ - _____

Name 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.

Signature of Participant: _____