

BOOKING FORM
Champlain Valley Tour
September 21-24, 2017



Battleground Tours
20 Sunfish Trail
Fairfield, PA 17320
(717) 642-9222

info@battlegroundhistorytours.com

If you are booking more than one person, please list the first person below; space for others in your party can be found on page 2.

First Registrant:

Name: _____

Address: _____ Gender : _____

_____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____

Secondary Phone: (_____) _____

Email: _____

Room Type: Single (\$175 addtl.): _____ Double: _____ Twin (separate beds): _____

Any Special dietary requirements? _____

List any medical condition or disability that could impact you on this tour (if you need more space, please use the other side of this page):

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Second Registrant:

Name: _____

Address: _____ Gender : _____

_____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____

Secondary Phone: (_____) _____

Email: _____

Room Type: Single (\$175 addtl.) _____ Double: _____ Twin (separate beds): _____

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Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____

Secondary Phone: (_____) _____

Email: _____

The total cost of the tour is \$895.00 per person, based on double occupancy. If a single room is desired, the supplement is \$175.00. A deposit of \$150 per person is required upon initial booking. For cancellation information, terms and conditions, see the Booking Terms and Conditions document that accompanies this form. Payment is to be by check, payable to 'Stuart R. Dempsey,' or via PayPal (see our website). Statements for all payments will be sent upon our receipt of them.

Use the space below to advise us of anything else you think we ought to know, or of any special requests you might have (if you need more space, please use the other side of this page.):

Declaration:

I attest that I have read, understand, and agree to abide by the Booking Terms and Conditions applicable to this tour. I accept complete responsibility for ensuring that all members of my party, named and registered on this document, fully comply with the necessary health, passport, and conduct requirements for this tour. If multiple persons are booked together, the person making the booking will be responsible for the total liability (should this not be the intent of the booking person, separate booking forms should be completed by each individual tour participant.)

Name (Print): _____ Date: _____

Signature: _____