

OZARKLAND GROUP TOURS & REUNIONS REGISTRATION FORM

NAME OF TOUR BOOKED: _____ TOUR DATES: _____

NAME _____
(Please print your legal name(s) as it appears on the government-issued photo ID you intend to travel with and date of birth)

EMAIL ADDRESS _____

NAME(S) PREFERRED ON NAME TAG: FIRST NAME _____ LAST NAME _____

WE HAVE REQUESTED ROOMS BE DOWNSTAIRS, HOWEVER DUE TO CIRCUMSTANCES OUT OF OUR CONTROL, SOME ROOMS MAY BE UPSTAIRS. CAN YOU STAY IN A ROOM UPSTAIRS IF NEEDED? YES OR NO (CIRCLE ONE)

NON SMOKING OR SMOKING ROOM. (CIRCLE ONE PREFERRED)

PLEASE ENTER YOUR AGE GROUP BELOW: EXAMPLE, 65-69 or 70-75, etc.

MALES: AGE GROUP _____ FEMALES: AGE GROUP _____

DO YOU HAVE ANY SPECIAL DATES WE MAY RECOGNIZE DURING THE TOUR?

BIRTHDAY(S) NAME MONTH DAY ANNIVERSARY(S) NAME MONTH DAY

LIST YOUR BEST EXPERIENCES ON A MOTORCOACH TOUR:

LIST YOUR WORSE EXPERIENCES ON A MOTORCOACH TOUR:

LIST THE REASON(S) YOU SELECTED THIS TOUR:

IF PAYING BY CREDIT CARD, COMPLETE THE FOLLOWING INFORMATION. YOU HAVE PERMISSION TO USE MY CREDIT CARD FOR PAYMENT. AMOUNT AUTHORIZED: \$ _____ (RECOMMEND PUT TOTAL COST OF TOUR)

CREDIT TYPE _____ CREDIT CARD NUMBER _____

EXPIRATION DATE _____ 3 DIGIT SECURITY CODE IN THE SIGNATURE PANEL ON THE REVERSE SIDE _____

AUTHORIZED SIGNATURE _____ DATE _____

EMERGENCY DATA: THIS INFORMATION WILL BE TREATED AS PRIVATE. WE WILL TAKE THIS DATA ON THE TOUR IN THE EVENT OF AN EMERGENCY. PLEASE LIST THE PERSON(S) TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY WHILE ON THE TOUR: (CONSIDER LISTING YOUR DOCTOR(S))

NAME ADDRESS TELEPHONE NUMBER RELATIONSHIP

IS ANYONE TAKING ANY SPECIAL MEDICATIONS WE SHOULD BE AWARE OF? IF YES, PLEASE EXPLAIN:

DOES ANYONE HAVE ANY IMPAIRMENTS OR RESTRICTIONS WE SHOULD BE AWARE OF? IF YES, PLEASE EXPLAIN:

NAME _____ ADDRESS _____
(PERSON COMPLETING FORM)

EMAIL ADDRESS: _____

TELEPHONE NUMBER _____ DATE COMPLETED _____