

AUTHENTIC CIVIL RIGHTS EXPERIENCE REGISTRATION FORM

Please Print

NAME* _____

EMAIL* _____

ADDRESS* _____

ADDRESS 2 _____

CITY* _____ STATE* _____ ZIP* _____

PHONE NUMBER* _____

SINGLE DBL TRIPLE QUAD

ROOM MATE _____

TOUR DATE* September 4 - 14, 2023

September 18 - 28, 2023

CHECK # _____ DEPOSIT _____ AMT _____

PAYMENT _____

PLEASE ENCLOSE WITH PAYMENT