



NOMADIC EXCURSIONS BUS TOURS

General Registration Form

Referral Source

5651 Coventry Lane
Suite 267
Fort Wayne, IN 46804

- 1.) Please submit one registration per person
- 2.) Print (Clearly) in ink and submit with your deposit(payment)
- 3.) Your signature acknowledges you understand all information on tour flier, as well as terms & conditions.

Personal Information:

** As it appears on your State Provided Identification**

Name: _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip Code)

Home phone: _____ Cell: _____
(Area Code/Number) (Area Code/Number)

Date of Birth: _____ Use Email for Invoicing: _____

E-Mail Address: _____

Name as you would like to appear on name tag

Emergency Contact Information:

Name: _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip Code)

Home phone: _____ Cell: _____
(Area Code/Number) (Area Code/Number)

Tour Information:

_____ Tour Date(s) _____ Tour Name

_____ Roommate(s) _____ Pickup Location

Medical Information:

Please describe any special medical concerns you wish to share _____

Deposit / Payment Information:

Payment Amount: _____ Deposit Payment In Full Amount
(please circle one/verify correct amount of flier)

Checks should be made Payable to **Nomadic Excursions LLC**

PLEASE SIGN BELOW INDICATING YOU HAVE READ AND AGREE TO THE TOUR TERMS & CONDITIONS

Signature Date