

VIETNAM Battlefield Tours

Tour Registration Form

NAME OF TOUR: _____ DATE OF TOUR: _____ to _____

Participant #1 Info: (Name EXACTLY as it appears on your passport) Mr. Mrs. Ms. Miss. (circle one)

Last Name: _____ First Name: _____ Middle Name: _____ Nick Name: _____

Home Address (Required): _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

PASSPORT INFORMATION (as it appears in your passport)

Passport Number: _____ Issue Date: _____ Expiration Date: _____

Birth Date: _____ Place of Birth (State): _____ Age at time of tour: _____

ADDITIONAL INFORMATION

Emergency Contact: _____ Phone: _____ Relationship: _____

Nam Vet: Yes No Unit(s) served with: _____ Dates: _____

Special Requests: (Dietary, Seating, etc) _____

Participant #2 Info: (Name EXACTLY as it appears on your passport) Mr. Mrs. Ms. Miss. (circle one)

Last Name: _____ First Name: _____ Middle Name: _____ Nick Name: _____

Check if Address Information same as Participant #1

Home Address (Required): _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

PASSPORT INFORMATION (as it appears in your passport)

Passport Number: _____ Issue Date: _____ Expiration Date: _____

Birth Date: _____ Place of Birth (State): _____ Age at time of tour: _____

ADDITIONAL INFORMATION

Emergency Contact: _____ Phone: _____ Relationship: _____

Nam Vet: Yes No Unit(s) served with: _____ Dates: _____

Special Requests: (Dietary, Seating, etc) _____

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Have you traveled with us before (if so, tour and date): _____

Traveling with Friends (please give us their names.) _____

Health - Please be sure to fill out, sign and return to us the Medical Disclosures Form and the Release of Claims Form.

Hotel Accommodations: Check Appropriate Blocks:

Smoking Room Non-Smoking Room King/Queen/Double Bed Twin Beds

Single Traveler:

I am willing to share a room: **Yes** **No** I wish to room alone and will pay for a single room.

(NOTE: If we are unable to match you with a roommate, the single supplement will apply.)

	Pricing	# of Passengers	Deposit Amount	Sub-Totals
Main Tour			X \$500.00	
Post Tour / Options			X \$100.00	
Post Tour / Options			X \$100.00	
		Totals:		

NOTE: Payment may be made by check or money order. Deposit of \$500.00 per person is refundable until 90 Days prior to the tour date. Final payment is due 90 days prior to date of departure.

We strongly suggest that you make a copy of form for your records.

I have read and agree to abide by the Terms and Conditions as outlined in this form without exception:

Print Name: _____

Signature: _____ Date: _____

Please mail all forms and payment to:

VIETNAM Battlefield Tours

5150 Broadway St. #473

San Antonio, TX 78209-5701

Contact Us:

Phone: 210-568-9500 or 877-231-9277 (toll free)

E-Mail: info@VietnamBattlefieldTours.com or on the web at: www.vietnambattlefieldtours.com