



Tour Registration Form

NAME OF TOUR: _____ DATES 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: _____

Vietnam Veteran: 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 is 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: _____

Vietnam Veteran: Yes ___ No ___ Unit(s) served with: _____ Dates: _____

Special Requests: (Dietary, Seating, etc) _____

Tour Registration Form

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

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

GROUND ONLY: Are you requesting a GROUND ONLY tour? YES _____ NO _____

International roundtrip airfare is not included.

Vietnam Visa Processing and fees may or may not be included.

ALTERNATIVE GATEWAY: Will you be requesting to use one of our Alternative Gateways? YES _____ NO _____

If YES, please complete and submit our Alternative Gateway Form.

AIRLINE SEATING PREFERENCE: Single Traveler: Aisle Seat ____ Middle Seat ____ Window Seat ____

Not Guaranteed

We will do our best to meet your request.

Combined Seating: Aisle Seat/Middle Seat ____ Middle Seat /Window Seat ____ Other ____

Other Preference: _____

HOTEL ACCOMMODATIONS: Check appropriate Blocks.

King/Queen/Double Bed ____ Twin Beds ____

Non-Smoking Room ____ Smoking Room ____

Not Guaranteed

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.)

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

Item	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. A deposit of \$500.00 per person is refundable until 120 days prior to the tour date. Final payment is due 120 days prior to date of departure.

We strongly suggest that you make a copy of this 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
1715 South Rutherford Blvd. Suite K #173
Murfreesboro, TN 37130

Contact Us:

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

E-Mail: dwfrisby@gmail.com

Or on the Web at: www.VietnamBattlefieldTours.com

Forms Included:

____ Tour Registration
____ Release of Claims
____ Medical Form
____ Passport Information Page
____ Vietnam Visa App
____ 2 Passport Photos

Optional Forms

____ Special Request
____ Alternative Gateway