



BUS AMERICA GROUP TOURS

specializing in customized group tours

1. Please submit One Registration Form per Person or Couple.
2. Print CLEARLY in Ink and submit with your Deposit.
(Payable to **Bus America Group Tours**)
3. Your Signature acknowledges that you have read and agree with the General Information, Terms & Conditions.

**668 Phillips Road
Victor, NY 14564
(585) 697-3590
1-800-724-TRIP
www.grouptoursinc.com**

Personal Information:

****As it appears on your Driver's License****

Name _____
(Last) (First) (Middle)

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

Telephone (home) _____ (work) _____
(area code/number) (area code/number)

Date of Birth _____ Citizenship _____

E-Mail Address _____ Use e-Mail for Invoicing? circle Y or N

Name as you would like it to appear on name tag _____

Emergency Contact Information:

Name _____
(Last) (First) (Middle)

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

Telephone (home) _____ (work) _____
(area code/number) (area code/number)

Tour Information:

Tour Date(s) _____ Tour Name _____

Group or Club _____ Group Leader _____

Roommate(s): _____

Medical Information:

Please describe any special medical concerns you wish to share _____

Deposit Information:

Deposit Amount: _____ Please see tour flier for required deposit amount and due date.
Checks should be made payable to **Bus America Group Tours** (unless otherwise indicated).

**PLEASE SIGN BELOW INDICATING YOU HAVE READ AND AGREE
TO THE TOUR GENERAL INFORMATION, TERMS & CONDITIONS**

Signature _____ Date _____