



BUS AMERICA GROUP TOURS

REGISTRATION FORM – OVERNIGHT 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 information on the tour flier and Terms & Conditions.

668 Phillips Road
Victor, NY 14564
(585) 697-3590
1-800-724-TRIP

www.grouptoursinc.com
info@grouptoursinc.com

Personal Information:

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

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): _____ Pickup Location _____

Medical Information:

Please describe any special medical concerns you wish to share _____

Deposit / Payment Information:

Amount: _____ (See tour flyer for required deposit or payment amount and due date)

Checks should be made payable to **Bus America Group Tours** (unless otherwise indicated).

Credit card payments are accepted by phone or online: 1-800-724-8747 or www.grouptoursinc.com

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

Signature _____ Date _____