



# 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](http://www.grouptoursinc.com)  
[info@grouptoursinc.com](mailto: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? 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](http://www.grouptoursinc.com)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_