

Registration Form – Germany & Austria Square Dance Tour, Sept. 14 – 28, 2021

Send payments to: **Tom & Gina Crisp, 4231 S. Pauline Lane, Tucson AZ 85730**

For info, call: 520-885-6833 Cell: 520-419-6090 or toll free 1-800-901-8044 Email: tom@crisptours.com

To register & save your space, mail this registration form and a check or money order for **\$250 per person**.

\$50 per person is nonrefundable. Please note: To keep prices down, we do not accept credit cards.

Include a copy of the passport picture page for each traveler. Names on your airline tickets must match your passport names.

After **February 1, 2021**, \$3,000 per person is due and half is non-refundable.

After **June 1, 2021**, a total balance of \$6,170 per person is due with no refunds.

We recommend cancellation/medical travel insurance with [USI Travel Insurance Services](#) after Feb 1, 2021.

Visit www.crisptours.com for more information.

First & Last Names for your tour badges: _____

Exact names as shown on your passport: _____

Street Address: _____

City / State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emails: _____ / _____

International Airport Departure: 1st Choice _____ 2nd Choice (optional) _____

Seating: Aisle ____ next to partner Window ____ next to partner. Both aisles across from each other: ____

Birthdates: (Required for airline tickets & travel insurance.) His: ____/____/____ Age ____ Hers: ____/____/____ Age ____

Passport expiration dates: His: ____/____/____ Hers: ____/____/____

Are you interested in arriving early or departing later at little or no extra cost? Yes ____ No ____ If yes, we need to know your travel dates no later than **February 1, 2021** when we start booking airline tickets.

Are you interested in cancellation & medical insurance to protect your investment after Feb 1, 2021 when \$3,000 payment is due? Yes ____ No ____ A no-obligation quote is available from [USI Travel Insurance Services](#) at any time.

We would like to share the same facility accommodations with: _____

Amount enclosed \$ _____ Today's Date: ____/____/____ Please make checks out to **Tom & Gina Crisp.**

1st Person: _____ 2nd Person: _____

Signatures: I / We agree to the conditions in the brochure. We are aware of medical and cancellation insurance offers.

Once we receive your registration, we will send you a confirmation. Call us anytime if you have questions or special requests.

Special Requests: