

Registration Form – Germany & Austria Square Dance Tour, Sept. 12 – 26, 2023

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

For info, call: 520-419-6090 or 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, 2023**, **\$3,500 per person** is due and half is non-refundable.

After **June 1, 2023**, a total balance of **\$6,470 per person** is due with no refunds.

After half your deposit is non-refundable, we recommend **cancellation/medical travel insurance** with [USI Travel Insurance Services](http://www.crisptours.com) to protect your investment. Visit www.crisptours.com for more information.

First & Last Names for your tour badges: _____

Exact names as shown on your passport: _____

Home Address: _____

City / State: _____ Zip: _____

Telephone: _____ Secondary Phone: _____

Primary email: _____ Secondary email: _____

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

Seating – Check one: 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: ___/___/___ Passports are required to be valid 90 days from return

Are you interested in arriving early or departing later? Yes ___ No ___ We can usually book your flight at little or no extra cost? If you wish to make your own flight arrangements, please provide a copy of your flight schedule for our records.

Are you interested in cancellation & medical insurance to protect your investment after Feb 1, 2023 when \$3,000 payment is due? Yes ___ No ___ A no-obligation quote is available from [USI Travel Insurance Services](http://www.crisptours.com) at any time.

If possible, we would like to travel with and 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 anytime if you have questions. **Special Requests:**