

Registration Form – Germany & Austria Square Dance Tour, Sep 15 – 29, 2026

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

We accept payments using [Zellepay.com](https://www.zellepay.com) If you choose to use Zelle, fill out form and send by attachment.

Questions? Call anytime: [520-419-6090](tel:520-419-6090) or email: tom@crisptours.com website: www.crisptours.com

To register & save your space, make a deposit of \$250 per person by mailing this registration form with a check or money order.
\$50 per person administration fee is nonrefundable. In keeping 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.
Your passport must be valid a minimum of three months of your scheduled return date.

November 1, 2025 - Second payment of **\$4,000 per person or \$8,000 per couple** total is due, half is non-refundable.

We will be booking airline tickets once we receive this deposit.

Half your second deposit is non-refundable after **Nov 1, 2025**, we recommend **cancellation/medical travel insurance** with
[USI Travel Insurance Services](http://www.usitravel.com) to protect your investment. Visit www.crisptours.com for more information.

June 1, 2026 - Total balance of **\$7,980 per person or \$15,960** is due with no refunds. You will receive a confirmation.

First & Last Names for your tour badges: _____

Exact names as shown on your passport: _____

Home Address: _____

City / State: _____ Zip: _____

Cell phone: _____ Secondary Phone: _____

Primary email: _____ Secondary email: _____

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

Seating choice: 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 need to be valid 3 months from return date.

Are you interested in arriving early or departing later? Yes ___ No ___ We can usually book your flight at little or no extra cost?

Do you wish to do your own air? Yes ___ No ___ Please provide a copy of your flight schedule for our records. (\$1,000 credit pp)

Are you interested in cancellation & medical insurance to protect your investment after **Nov 1, 2025** when **\$4,000** per person is due? Yes ___ No ___ A no-obligation quote is available from [USI Travel Insurance Services](http://www.usitravel.com) at any time.

When possible, we would like to travel 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'll send you a confirmation. Call anytime if you have questions. **520-419-6090**

Special Requests: