



BUS AMERICA GROUP TOURS

specializing in customized group tours

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

Please review the policies outlined below as they pertain to your tour with us.

If you have any questions about this Form, please feel free to contact us.

www.grouptoursinc.com

Personal Information:

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

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 _____ Passport # _____

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): _____

Medical Information:

Please describe any special medical concerns you wish to share _____

Deposit Information:

Deposit Amount: _____ Please see tour flier for required deposit amount and due date.
Checks should be made payable to **Bus America Group Tours** (unless otherwise indicated).

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

Signature _____ Date _____