



Tour Order Form. Fillable: Type, Save, Print, Mail or Fax

Contact: ALL INFORMATION REQUIRED

Name: _____

Cell Phone: _____ Email: _____ DOB: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Day Tours	Date Offered	Time	Cost	# Attending	Ext. Cost
Pre-Convention Dinner Theatre	Sun, June 24	11am-4pm	\$80	_____	_____
Pre-Convention BBQ & Jazz	Mon, June 25	6-10pm	\$70	_____	_____
Kansas City on Display	Tues, June 26	9-Noon	\$38	_____	_____
	Wed, June 27	9-Noon	\$38	_____	_____
	Fri, June 29	9-Noon	\$38	_____	_____
Customs House to White House	Tues, June 26	1-5pm	\$46	_____	_____
	Wed, June 27	1-5pm	\$46	_____	_____
	Fri, June 29	1-5pm	\$46	_____	_____
Flowers, Fountains and the City Beautiful	Wed, June 27	1-4pm	\$48	_____	_____
Quilt Country	Thurs, June 28	9am-3pm	\$124	_____	_____
The Wildest of the West	Thurs, June 28	10am-3pm	\$90	_____	_____
Flash Mob Dance	Fri, June 29	10:30am-1:30pm	\$38	_____	_____
Beverage Anyone?	Fri, June 29	9am-2pm	\$77	_____	_____
Battle of Westport	Sat, June 30	9am-Noon	\$52	_____	_____
Post-Convention Dinner Theatre	Sun, July 1	11am-4pm	\$80	_____	_____
Post-Convention BBQ & Jazz	Sun, July 1	6-10pm	\$70	_____	_____

Multi-Day Tours	Date Offered	Cost Per Person		# Attending	Ext. Cost
		Single	Double		
Pre-Convention Branson & Ozark Mountain Country	Sun/Tues, June 24-26	\$430	\$330	_____	_____
Post-Convention Branson & Ozark Mountain Country	Sun/Tues, July 1-3	\$430	\$330	_____	_____

Total Amount Due: _____

Mail your completed tour order form and payment along with your completed registration form to:

Registration & Housing Committee
67th National Square Dance Convention®
PO Box 767, Liberty, MO 64069-0767

OR

Fax to:

Registration & Housing Committee
816-781-3041

This back page only needs to be filled out if you have ordered a Multi-Day tour OR have special needs we should be aware of. Complete information must be provided for each roommate. Emergency Contact is mandatory.

Contact: _____

Select Room Type: King/Queen 2 Beds Smoking (if available) Non-Smoking

I wish to purchase Travel Protection Insurance: Yes No

Note: Travel Protection Insurance is paid directly to Tour Operator, if purchasing you will be contacted by the Operator.

Special Needs (Physical, Dietary, etc): _____

Roommate 1: _____

Name: _____

Cell Phone: _____ Email: _____ DOB: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

I wish to purchase Travel Protection Insurance: Yes No

Note: Travel Protection Insurance is paid directly to Tour Operator, if purchasing you will be contacted by the Operator.

Special Needs (Physical, Dietary, etc): _____

Roommate 2: _____

Name: _____

Cell Phone: _____ Email: _____ DOB: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

I wish to purchase Travel Protection Insurance: Yes No

Note: Travel Protection Insurance is paid directly to Tour Operator, if purchasing you will be contacted by the Operator.

Special Needs (Physical, Dietary, etc): _____

Roommate 3: _____

Name: _____

Cell Phone: _____ Email: _____ DOB: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

I wish to purchase Travel Protection Insurance: Yes No

Note: Travel Protection Insurance is paid directly to Tour Operator, if purchasing you will be contacted by the Operator.

Special Needs (Physical, Dietary, etc): _____

Additional information you feel we might need . . .

