



## 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
<b>Pre-Convention</b> Dinner Theatre	Sun, June 24	11am-4pm	\$80	<u>Cancelled</u>	<u>Cancelled</u>
<b>Pre-Convention</b> 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	_____	_____
<b>Post-Convention</b> Dinner Theatre	Sun, July 1	11am-4pm	\$80	<u>Cancelled</u>	<u>Cancelled</u>
<b>Post-Convention</b> BBQ & Jazz	Sun, July 1	6-10pm	\$70	_____	_____

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

**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 . . .

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_