



Tour Reservation, Enrollment & Credit Card Authorization Form

Tour that I am requesting: _____ Date(s): _____

Passport/Enhanced Drivers License #: _____ DOB: _____

****Only applicable for travel outside the U.S. (including Canada) ****

Name (as appears on your photo ID): _____

Home Phone Number: _____ Cell Phone: _____

Mailing address: _____

Town: _____ State: _____ Zip: _____

PAYMENT INFORMATION:

Check Number: _____ or Credit Card #: _____ Exp: _____

**** Minimum 20% due upon reservation balance due within 14 days of scheduled departure****

Amount of Check or Amount to be Charged: \$ _____

Signature of Cardholder: _____

SPECIAL TRAVEL NEEDS OR CONSIDERATIONS:

Health Conditions (Please indicate major food allergies, major medical conditions, or mobility issues [walkers, wheelchairs, etc.]):

Sharing Room With: _____

Room Type: 1 bed 2 Beds Smoking Non Smoking 1st Floor

CASINO TOURS:

Please provide Winner's Club card numbers: _____ , _____ , _____

I have read and understand the "General Information" found at www.CatamountTours.com and understand the CANCELLATION POLICY. Please initial: YES _____

In case of emergency, please notify: Name _____ Phone _____

DESIRED PICK UP POINT: _____

**** Subject to Change****