

**Tour Registration Form ---Fax To: 407-956-4984
Mail To: Florida Tour Connection
PO Box 390066 Deltona, FL 32739**

Agent : _____

Tour Name _____ Tour Date _____

1st passenger _____ Date of Birth _____

2nd pass _____ Date of Birth _____

Address _____ city,st,zip _____ Phone _____

Name you want to appear on Name Badge: _____

Roommate's Name: _____

Room Request

Room request will be submitted, but can not be guaranteed

Type of Room: ___ Smoking ___ Non-Smk ___ Double (2 beds) ___ King (1bed)

Can you be on the second floor if no Elevator Yes ___ No ___

Tour Cost \$ _____ Method of payment ___ Check ___ Credit Card

I give Florida Tour Connection permission to charge my: (Please check one) the deposit of \$ _____ and the balance of \$ _____ when final payment is due

Visa ___ Mastercard ___ Discover ___

Cardholder Name: _____ Phone # _____

Cardholder Address: _____

Credit Card Number: _____ Ex _____

V Code: (Last 3 numbers on back of Card) _____

There are no extra charges for using a credit card, however should you cancel there will be a 3% processing fee deducted from any refund due on credit card payments.

I/WE HAVE READ THE ABOVE AND HAVE BEEN OFFERED TRAVEL INSURANCE FOR: TRIP CANCELLATION, EMERGENCY EVACUATION, TRAVEL ACCIDENT AND BAGGAGE INSURANCE AND FLIGHT INSURANCE IF NECESSARY.

() YES, I/WE HAVE PURCHASED THE FOLLOWING COVERAGE'S: _____

() NO, I/WE ARE NOT INTERESTED IN INSURANCE COVERAGE AND ACKNOWLEDGE THAT I/WE HAVE BEEN OFFERED, BUT CHOSE TO DECLINE THIS COVERAGE, **and I/we understand that any amounts paid are either partially or fully NON-REFUNDABLE if I Cancel during the Cancellation Penalty Period as stated by Florida Tour Connection on Tour Flyer for this tour.**

Signature

Date

Signature

Date