



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

For complete details on each tour, please see the Tours tab at www.68nsdc.com

Contact: ALL INFORMATION REQUIRED

Name(s): _____

Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Phone: _____

Table with 6 columns: Day Tours, Date Offered, Time, Cost, # Attending, Ext. Cost. Rows include tours like 'A Night at Stone Mountain', 'Atlanta City Highlights Tour', 'Photographer's Dream at Atlanta Botanical Gardens', etc.

Multi-Day Tours	Date Offered	Cost Per Person		# Attending	Ext. Cost
		Single	Double		
Before Convention Coastal Georgia: Savannah and The Golden Isles	Sat/Tues, June 22-25	\$1,120	\$850	_____	_____
Before Convention Asheville, NC and The Blue Ridge Mountains	Sat/Tues, June 22-25	\$895	\$710	_____	_____
Before Convention A Glimpse of the Civil War in Georgia	Sat/Tues, June 22-25	\$695	\$620	_____	_____
Post-Convention Coastal Georgia: Savannah and The Golden Isles	Sun/Wed, June 30-July 3	\$1,120	\$850	_____	_____
Post-Convention Asheville, NC and The Blue Ridge Mountains	Sun/Wed, June 30-July 3	\$895	\$710	_____	_____

Total Amount Due: _____

Check Enclosed # _____ Visa MasterCard Discover American Express

Name on Card: _____

Mailing Address: _____

Credit Card No.: _____

Expiration Date: _____ Security Code: _____

<p>Mail your completed Tours Order Form and payment to:</p> <p>68th National Square Dance Convention® PO Box 1120, Flowery Branch, GA 30542</p>	OR	<p style="text-align: center;">Scan & Email to:</p> <p style="text-align: center;">68NSDC Tours Director tours@68nsdc.com</p>
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Disclaimer for Tours

All participants in activities and use of contracted facilities, shall be undertaken by each individual at his or her own risk. The 68th National Square Dance Convention® acts solely in the capacity of agent on behalf of its tour patrons in arranging for tour service with Lamplighter Tours of Atlanta, a bonded, insured and incorporated tour operator in Georgia. 68NSDC is not responsible for loss, damage, delay, injury or accident due to act or default on the part of the convention, Tour Company, transportation companies or service providers. Tour Company acts only as agents and are not responsible to any person for any loss of time or money due to a change or delay beyond their control. Nor are they responsible by those they have contracted with. Any claims against Tour Company must be made, in writing, within 30 days of the trip. Participants must agree and sign a Tour Company Waiver and Release form.

Advanced reservations are preferred and are your best advantage to guaranteeing a seat. Reservations are open until Tour sells out, however beginning May 13, 2019, 68NSDC reserves the right to cancel tours that do not meet the minimum requirements for the tour. If the tour is canceled, the registrants will be contacted by phone to select another tour. If the registrant chooses not to substitute a tour, a full refund will be given. **For Tours canceled by guest: a \$10.00 per person Handling Fee will be assessed.** Cancellations after May 15, 2019, are non-refundable unless a waiting list substitution can be made. In that case, money will be 100% refunded. **There will be no refund, for any reason, for a "no-show" on the day of the tour.**

Tours not reaching minimum operation numbers are subject to cancellation.

This 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 . . .

