

TOUR RESERVATION FORM

Passenger Name (s): _____
IF your tour travels outside the U.S. and/or involves cruise or air, we must have your full name as it appears on birth certificate, passport and/or driver license with photo.

Street _____ Apt.# _____

City _____ State _____ Zip Code _____

Home Phone _____ Work or Cell Phone _____

Name of Tour _____ Date _____ Tour # _____

Boarding Point _____ DO NOT CHANGE WITHOUT NOTICE.

Accommodations: Single Twin Triple Circle One: Smoking Room Non-Smoking Room

Rooming With _____

Special Request Must be Made At Time of Booking _____

FORM OF PAYMENT: (See page 4 for Required Deposit Amounts) e-mail address _____

Personal Check (Preferred) or Cash: Amt: _____ *Debit Cards Not Accepted

Visa or Master Credit Card: Amt: _____

Credit Card # _____ Expiration Date: _____

MAIL TO: Knoxville Tours • P. O. Box 12580 • Knoxville, TN 37912

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