Tour Registration Form

Bob Neff Tours We'll Take You There!

Tour Information

*If registering for multiple tours with the same travel partner, complete the form below and list your tour selections on the back side.

Tour Name: _____

Tour Dates: _____

Tour Package (overnight trips only):

☐ Single ☐ Double ☐ Triple ☐ Quad

Pick-up Location: ☐ Lancaster ☐ Other BNT-approved location _____

Traveler Information

Traveler 1

_____
Full Name (as appears on ID)

_____
Preferred Name (for name tag)

_____ ☐ Female ☐ Male
DOB

_____
Address

_____ _____ _____
City State Zip

_____
Email

_____
Phone

☐ Please add me to BNT's weekly email blast

☐ Copy of documents attached (circle one)
- Domestic Fly Tours (Real ID or Passport)
- International Tours (Passport)

☐ I plan to bring a mobility device (circle one)
Wheelchair Scooter Walker

Traveler 2

_____
Full Name (as appears on ID)

_____
Preferred Name (for name tag)

_____ ☐ Female ☐ Male
DOB

_____
Address

_____ _____ _____
City State Zip

_____
Email

_____
Phone

☐ Please add me to BNT's weekly email blast

☐ Copy of documents attached (circle one)
- Domestic Fly Tours (Real ID or Passport)
- International Tours (Passport)

☐ I plan to bring a mobility device (circle one)
Wheelchair Scooter Walker

Additional Information / Special Requests

Emergency Contact: _____ Phone: _____

Travel Partner (if not listed above): _____ Phone: _____

☐ I/We require a handicapped equipped hotel room (register early to ensure availability).

☐ Other: _____

Note: All travelers must be able to get up and down the stairs of the motorcoach independently or with the assistance of a travel partner. If you require a wheelchair, you must be accompanied by someone who is able to assist in loading/unloading it from the coach and pushing the wheelchair throughout the trip. Please note that ADA standards are not applicable to international travel.

Payment Information

Payment Method: ☐ Cash ☐ Check ☐ Credit Card Amount Enclosed: $ _____

Credit Card No: _____

Expiration Date: _____ Security Code: _____

Mail Tour Reservation Form with Deposit to:
Bob Neff Tours • 1525 Oregon Pike, Ste 2201 • Lancaster, PA • 17601

Bob Neff Tours We'll Take You There!

Instructions:
If you are registering for multiple tours with the same travel partner, please list your tour selections below AND provide the information requested on the front side of the form.

Tour 1

Traveler Name(s): _____

Tour Name: _____

Tour Dates: _____

Tour Package (overnight trips only):

☐ Single ☐ Double ☐ Triple ☐ Quad

Pick-up Location: ☐ Lancaster ☐ Other BNT-approved location _____

Tour 2

Traveler Name(s): _____

Tour Name: _____

Tour Dates: _____

Tour Package (overnight trips only):

☐ Single ☐ Double ☐ Triple ☐ Quad

Pick-up Location: ☐ Lancaster ☐ Other BNT-approved location _____

Tour 3

Traveler Name(s): _____

Tour Name: _____

Tour Dates: _____

Tour Package (overnight trips only):

☐ Single ☐ Double ☐ Triple ☐ Quad

Pick-up Location: ☐ Lancaster ☐ Other BNT-approved location _____

Tour 4

Traveler Name(s): _____

Tour Name: _____

Tour Dates: _____

Tour Package (overnight trips only):

☐ Single ☐ Double ☐ Triple ☐ Quad

Pick-up Location: ☐ Lancaster ☐ Other BNT-approved location _____