

Grand European Tour – September 2-17, 2012

Name _____ Phone _____
(As is appears on your driver's license or passport)

Please circle your rooming arrangement – Cabin D Cabin C Cabin B Cabin A

Would you like to purchase insurance? Yes _____ No _____

Amount Enclosed \$ _____

If you would like to pay with a credit card, please call Gene at 608-295-2141

Room Mate(s) _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

E-mail address _____

Signature Date

Please include deposit of \$500 per person with your registration

Return To: GVG Tours, 413 Highland Park Ave., Clinton WI 53525