



## Tour Registration Form

Tour Name and Dates \_\_\_\_\_

Name \_\_\_\_\_

Name of person to share your room with \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

VP# \_\_\_\_\_

Email Address \_\_\_\_\_

\$500 per person is required to reserve space on a tour.

Make your deposit check payable to HANDS ON TRAVEL.

Mail this form with your deposit check to:

HANDS ON TRAVEL  
979 W Painted Clouds Pl  
Oro Valley AZ 85755

Thank you!