

**128TH  
TOURNAMENT  
OF ROSES®  
PARADE  
LOS ANGELES, CALIFORNIA**



**PASSENGER NAME(S):** Please print your names on this form exactly as they appear on your valid, state issued driver's license or photo identification card (FIRST, MIDDLE NAME OR INITIAL, LAST). Your airline tickets (if applicable) will be issued as they are written on this form. Change fees will apply for any names that are written incorrectly; please be certain to enter correct information on this form. BIRTHDATES AND GENDER ARE ALSO REQUIRED TO ISSUE AIRLINE TICKETS.

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 Birthdate \_\_\_/\_\_\_/\_\_\_ Gender – M or F

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FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 Birthdate \_\_\_/\_\_\_/\_\_\_ Gender – M or F

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please register us for:     Package A     Package B     Package C     Package D  
     Optional Charter Air Upgrade  
     Single Occupancy     Double Occupancy     Triple Occupancy     Quad Occupancy

Form of payment:     CHECK                     CREDIT CARD  
 Credit Card:         DISCOVER             VISA                     MASTERCARD

Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_                    CID: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Deposit Total (\$300/person): \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_  
    (Please Print)

**TRIP PROTECTION: YOU MUST CHECK ONE OF THE OPTIONS BELOW, SIGN & RETURN:**

\_\_\_\_\_ **I purchased the optional Travel Insured Trip Protection.** I have received, read and understand the Travel Insured description of coverage (or will purchase with or before final payment)

\_\_\_\_\_ **I do not wish to have optional insurance.** I understand that no matter my reason for cancellation, I am subject to cancellation penalties. I also do not need coverage while I am on the trip for unexpected costs incurred while traveling (examples: travel delays, baggage loss, trip interruption, medical illness and emergency evacuation).

>>>>PLEASE COMPLETE OTHER SIDE OF FORM >>>>

\*I have read and understand the Terms and Conditions and the Responsibility Clause located on the trip flyer. I have also read and checked one of the options regarding optional trip insurance.

**Signature of Adult Passenger**

#1: \_\_\_\_\_

**Signature of Adult Passenger**

#2: \_\_\_\_\_

(Forms returned to our office without a signature(s) will not be accepted.)

Roommate or other people I (we) are traveling with: \_\_\_\_\_

**Hotel requests:** (requests only, no guarantees) Location (such as near elevator, low floor, etc.):

\_\_\_\_\_

I (we) prefer:     **One Bed**     **Two Beds**

Any special dietary needs (diabetic, vegetarian, etc.): \_\_\_\_\_

Any medical conditions that require special assistance (such as immobility, need a wheelchair, or uses cane, need assistance in airport, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please note: Any person needing assistance walking or with a wheelchair must have a travel companion along who is capable of assisting them. We will request assistance in airports; gratuity is the passenger's responsibility.

Are you bringing a wheelchair or motorized scooter? \_\_\_\_\_  
(please indicate manual or electric)

Is anyone in your party celebrating a special occasion during this tour such as a birthday, anniversary, etc.?  
Please indicate below:

<b>Name</b>	<b>Date you wish to celebrate</b>	<b>Event celebrating</b>
_____	_____	_____

**Misc. Notes:** \_\_\_\_\_

On **some group tours**, name tags are provided. Indicate how you would like yours to read (nickname):

Passenger #1: \_\_\_\_\_ Passenger #3: \_\_\_\_\_

Passenger #2: \_\_\_\_\_ Passenger #4: \_\_\_\_\_

**EMERGENCY CONTACT NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**RELATION TO PASSENGER(S):** \_\_\_\_\_

**PRIMARY PHYSICIAN:** \_\_\_\_\_ **OFFICE PHONE:** \_\_\_\_\_