

Scotland Heritage Tour  
Morningside Presbyterian Church  
August 3-12, 2013  
Registration Form

Name: \_\_\_\_\_

Please list name as appears on passport. First/Middle/Last

Date of birth \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_ Exp date \_\_\_\_\_

Your passport must be valid for at least 6 months beyond your return date.

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

AIR:

\_\_\_\_\_ I request air with the group. Schedule and fare to be determined.

\_\_\_\_\_ I will make my own air arrangements, and advise you of my flight schedule.

HOTEL:

\_\_\_\_\_ I request a double room. My roommate: \_\_\_\_\_

\_\_\_\_\_ I request a single room, and understand the single supplement is \$430.

INSURANCE:

\_\_\_\_\_ I have included the premium of \$189.00 for travel insurance with my deposit.

\_\_\_\_\_ I decline travel insurance, and understand the cancellation penalties for this tour.

To reserve your space on this tour, please send your deposit of \$400 per person or \$589 per person with travel insurance by check to Carmichael Travel, Inc., 6962 Lakeside Drive, Lithia Springs, GA. 30122.

I have read and understand the terms & conditions for this tour including cancellation penalties.

Signature \_\_\_\_\_ Date \_\_\_\_\_