

## Registration Form – Germany & Austria Square Dance Tour, Sep 15 – 29, 2026

Make payments to: **Tom & Gina Crisp, 4231 S. Pauline Lane, Tucson AZ 85730**

We accept payments using [Zellepay.com](https://www.zellepay.com) If you choose to use Zelle, fill out form and send by attachment.

Questions? Call anytime: **520-419-6090** or email: [tom@crisptours.com](mailto:tom@crisptours.com) website: [www.crisptours.com](http://www.crisptours.com)

To register & save your space, make a deposit of \$250 per person by mailing this registration form with a check or money order.

\$50 per person administration fee is nonrefundable. In keeping prices down, we do not accept credit cards.

**Include a copy of the passport picture page for each traveler.** Names on your airline tickets **must** match your passport names.

Your passport must be valid a minimum of three months of your scheduled return date.

**November 1, 2025** - Second payment of **\$4,000 per person or \$8,000 per couple** total is due, half is non-refundable.

We will be booking airline tickets once we receive this deposit.

Half your second deposit is non-refundable after **Nov 1, 2025**, we recommend **cancellation/medical travel insurance** with

[USI Travel Insurance Services](https://www.usitravelinsurance.com) to protect your investment. Visit [www.crisptours.com](http://www.crisptours.com) for more information.

**June 1, 2026** - Total balance of **\$7,980 per person or \$15,960** is due with no refunds. You will receive a confirmation.

First & Last Names for your tour badges: \_\_\_\_\_

Exact names as shown on your passport: \_\_\_\_\_

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

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary email: \_\_\_\_\_ Secondary email: \_\_\_\_\_

1<sup>st</sup> Choice International Airport & Code: \_\_\_\_\_ 2<sup>nd</sup> Choice (optional) \_\_\_\_\_

Seating choice: Check one. Aisle \_\_\_\_ next to partner. Window \_\_\_\_ next to partner. Both aisles across from each other: \_\_\_\_

Birthdates: (Required for airline tickets & travel insurance.) His: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Hers: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Affiliated Club/s \_\_\_\_\_

Passport expiration dates: His: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hers: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passports need to be valid 3 months from return date.

Are you interested in arriving early or departing later? Yes \_\_\_\_ No \_\_\_\_ We can usually book your flight at little or no extra cost?

Do you wish to do your own air? Yes \_\_\_\_ No \_\_\_\_ Provide a copy of your flight schedule for our records. (\$1,000 credit pp)

Are you interested in cancellation & medical insurance to protect your investment after **Nov 1, 2025** when **\$4,000** per person is due? Yes \_\_\_\_ No \_\_\_\_ A no-obligation quote is available from [USI Travel Insurance Services](https://www.usitravelinsurance.com) at any time.

When possible, we would like to travel with: \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Please make checks out to **Tom & Gina Crisp**

1<sup>st</sup> Person: \_\_\_\_\_ 2<sup>nd</sup> Person: \_\_\_\_\_

Signatures: I / We agree to the conditions in the brochure. We are aware of medical and cancellation insurance offers.

Once we receive your registration, we'll send you a confirmation. Call anytime if you have questions. **520-419-6090**

**Special Requests:**