

# Tour Registration

Reservations are made on a first come, first serve basis,  
book early to guarantee space.

Please complete and return with deposit.

**Judy's Leisure Tours, Inc.**

4906 16th ST N

Fargo, ND 58102

701-232-3441

Email [judyltours@gmail.com](mailto:judyltours@gmail.com)

**Tour Name** \_\_\_\_\_

Date \_\_\_\_\_

Pickup Point: \_\_\_\_\_

**Please print your name exactly as it appears on your passport or Government Issued Travel Document:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

(Middle Name as it appears on passport)

DOB \_\_\_\_\_

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

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

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency

Contact Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship: \_\_\_\_\_

Any Special Requirements: \_\_\_\_\_ (Handicap Room, Etc.)

## ROOMMATE:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

(Middle Name as it appears on passport)

DOB \_\_\_\_\_

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

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

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency

Contact Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship: \_\_\_\_\_

Any Special Requirements: \_\_\_\_\_ (Handicap Room, Etc.)

Credit Card Form: We except Visa, MasterCard and Discover.  
We add 3% fee for Final payment. The 3% Fee is NOT added to Deposit.

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_

Final Payment Amount: \$ \_\_\_\_\_