

TOUR PARTICIPANT INFORMATION

Please fill out this form and mail or fax to:
Book of Mormon Tours, P.O. Box 970250, Orem, UT, 84097
Telephone (801) 226-5200, Fax (801) 226-3336

Date of Tour _____ Cost of Tour \$ _____ Length of Tour _____ days

Mr. Mrs. Ms. Miss _____
(Name exactly as it appears on passport)

Name preferred on name tag _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail _____

Date of Birth _____ Age _____ Place of birth _____

Marital Status () Married () Single Sex () M () F

Passport Number _____ Expiration Date _____

Citizenship _____ Airport of Departure _____

I will share a room with _____ I prefer a single room _____
(I understand that there will be an extra charge for a single room)

List any allergies, special diet needs or health conditions that might need special consideration.

In case of emergency, please contact

(Name)

(Relationship)

(Telephone)

Please see reverse side for Terms and Conditions. Please sign and return.

(Rev. Jan, 2012)