CELEBRATE AMERICA: 250 YEARS Washington D.C., Williamsburg, & Jamestown April 8 – 16, 2026

Deposit of \$850 per person due when registering for tour. Please note that \$600 of the deposit is Non-Refundable. Final payment due by 02/20/2026. Also add to the deposit the cost of travel insurance if purchasing insurance.

NAME:		United	Mileage Plus Number:	
Date Of Birth: Month	Day	Year		
SPOUSE NAME:		United	Mileage Plus Number:	
Date Of Birth: Month	Day	Year		
Address:	C	City:	State:	Zip:
Phone:		Cell:		
Email Address:				
Emergency Contact:		Pho	one:	
ROOMING WITH (If Not Your	Spouse)			
First:	Last:			
First:				
First:	Last:			
PLEASE MAKE CHECKS PAY	cepted			X 77345)
TRAVEL INSURANCE: The co				
f you desire travel insurance th	• •	· -		nouronoo
Yes, I wish to purchase f purchasing the insurance,	_			risurance
- -			,	
CREDIT CARD AUTHORIZAT	ION:			
Card Holder's Name On Card:			_ Amount of Authorization	: \$
Credit Card Type: Master0	Card Visa Di	iscover Ameri	can Express	
Credit Card Number:			Expiration Date	e:
Security Code:				
Billing Address, if different from	above: Street			
City:	State:	ZipCode	2:	

SPECIAL REQUEST: (Food allergies, Handicap Room, Bus Seating Preference)