

Belle France Tours

Tour Registration

Tour Dates _____ Amount enclosed: Full Tour Cost _____
Deposit _____ (\$500)

Name _____ Address _____

City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____

Email _____

Birthdate _____ City/State of Birth _____

Passport Number _____ Passport Issue Date _____

Travel partner (if applicable) _____ (Separate Registration
Required)

How did you hear about *Belle France Tours*? _____

Payment Options for Deposit: We accept any of the following for payment:

- **Mastercard, Visa, American Express, Discover Card, PayPal** (you may either complete the card information below, or call us at 206-948-6495 to provide the card information.)

Card Type _____ Credit Card No. _____

Exp Date _____ CVC code _____ Name on Card _____

Address on Card _____

- **Personal Checks** made out to *Belle France Tours* may be mailed with Registration Forms to the address below.

Belle France Tours ALSO REQUIRES THAT ALL CLIENTS SIGN A STANDARD HOLD HARMLESS AGREEMENT AND MEDICAL RELEASE FORM (Available as PDFs on the Registration Forms page at www.bellefrancetours.com).

Please return signed Registration, Medical Release form, Release & Indemnity form, and non-refundable deposit to:

**Belle France Tours
1429 30th Ave
Seattle, WA 98122**

