## This Land is Your Land Portland to San Francisco June 9-16, 2016

## Traveler 1

Title	Last	First	Middle
Preferred Name for Nametag		Dietary Needs	
<u>Traveler 2</u>			
Title	Last	First	Middle
Preferred Name for Nametag		Dietary Needs	
*Please submit an additional sheet if more than 2 people are traveling in your party.			
ADDRESS			
CITY		STATE	
HOME PH	ONE	CELL PHONE	
WORK PHONE			
EMAIL (Traveler 1)			
EMAIL (Traveler 2)			
NON-REFUNDABLE DEPOSIT (\$350.00 per person)			
Check enclosed Paid online			
Visa	MasterCard	Amex Dise	cover
Charge Card	1#		]
Exp Date Security Code (back of card)			
List name as	s it appears on card:		
	check payable to: wment of SC	PLEASE DO NO FLIGHT PLAN	
401 E. Ken	nedy Street, Suite B-1	THE ENDOWN	<b>IENT</b>
Spartanbur	rg, SC 29302	OFFICE NOTII	HES YOU.