

FACTS TOUR PARTICIPATION FORM

September 13 – September 18, 2015

(Please print or type. **Separate form needed for each person.**)

Name (For Nametag): _____

Name: _____
(as listed on your drivers license for plane ticket)

Address: _____

City/State/Zip: _____

Phone: _____ (Day) _____ (Evening)

County: _____ Birth date: _____

Previous FACTS Tour Participant _____ (Yes) _____ (No)

Hotel Rooms are double occupancy.

Name of person you wish to room with during this trip: _____
(If you don't know anyone we will assign you a person to room with)

Emergency Contact Person:

Name: _____ Phone: _____

Relationship: _____

Amount of Payment due: _____

Deposit is \$ 650 and must be received by June 19!

Full amount of \$1,300 will be due by August 7.

Please make checks payable to the **KENTUCKY CATTLEMEN'S ASSOCIATION**. Please return money and this form to the KCA office by **June 19, 2015**. KCA, 176 Pasadena Drive, Lexington, KY 40503.

Signature: _____