



Highland Roots
Ancestral Tours

Tour Application

Name : _____ Preferred Name: _____ Age: _____

Companion' Name: _____ Preferred Name: _____ Age: _____

(Additional companion's names , ages, passport #s and addresses, if different from yours, on back of form)

Address: _____

Phone #s: Yours: _____ Alternate: _____

Companion's: _____ Alternate: _____

Email Addresses: Yours: _____

Companion's: _____

Passport #s: Yours: _____ Companion's: _____

Emergency Contact: _____ Phone #: _____

Your Family/Group Name: _____

Room Preference: Double _____ Single _____

Flight # (if known): _____ Arrival Time: _____

(Flight information can be provided to HRAT at a later date but no later than 14 days prior to the tour)

Payment Method: Visa _____ Mastercard _____ Check _____

Name on Card _____ Acct # _____

Date of Expiration _____ Code on back of card _____

(Information provided is protected)

(Please list dietary or special needs on back of form)

Please mail completed form with Terms & Conditions and 20% deposit to:
Highland Roots Ancestral Tours, 331 Royal Oaks Drive, Maryville, TN 37801