



Highland Roots
Ancestral Tours

Gathering/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: _____

Tour Preference: _____ **Tour Date:** _____

Tour Level Selection: Laird _____ **Chieftain:** _____ **Chief:** _____

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: Paypal _____ 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