

Registration Information

Name #1: _____

Name #2: _____

Name #3: _____

Name #4: _____

Address: _____

Email: _____

Phone #1: _____

Phone #2: _____

Dietary Restrictions: _____

Do you use any of the following?

Scooter Cane Walker Wheelchair Other

Please explain: _____

Are you able to do steps into a bus? Y / N

Notes:

Activity Selections

Activity # 1, \$XX per person

Activity # 2, \$XX per person

Activity # 3, \$XX per person

Activity # 4, \$XX per person

Activity # 5, \$XX per person

Activity # 6, \$XX per person

Steak Tips

Chicken Piccata

Vegetarian

Pricing above includes selected activity, transportation, applicable taxes, and gratuities.

For hotel reservations, call the **XXX hotel** at **XXX-XXX-XXXX** by **Month, ##, Year**. Just mention the "XXX" group for your exclusive room rate of \$XXX per night plus tax.

Payment Information

We require payment of at least 50% in order to secure your place at the XXX Event. Final payment is due 30 days before the start of the event.

Card #: _____

Exp: _____ CVC: _____

Amount: _____

Check #: _____ Amount : _____

Date: _____

By signing below, you authorize Vivid Planning Co. to process payment for the above listed amount

Make payable and mail to:

Vivid Planning Co.
321 Crimson Circle,
Ozark, MO 65721