



Capitol Tours

A division of Capitol Bus Lines, Inc.
2926 Leaphart Road West Columbia, South Carolina 29169-3647
(803) 794-9661 • 1-800-777-9766 • Fax (803) 739-1450



REGISTRATION FORM

(Please Print Clearly)

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-Mail Address: _____

Special Needs: _____

(Food allergies, use a walker or wheelchair, need handicapped room, can't walk long distances, etc. Use back of form if needed.)

Emergency Contact Name: _____

Emergency Phone number: _____

Name(s) for Nametags (i.e. nickname, etc.) _____

Name of Tour: _____

Tour Date: _____ Number of requested spaces _____

Rooming/Traveling With: _____

Hotel room (if applicable – circle one) Single Double Triple Quad

Smoking _____ Non-Smoking _____ (Most hotels and public buildings are now smoke free facilities)

Deposits are due 7 working days from the date of registration. We cannot guarantee your space without your payment. We accept cash, check, VISA, MasterCard & Discover Card. (Do not mail cash)

Check enclosed _____ mailed _____ • Cash received at office _____ • Phone order _____

or

Credit card #: _____

Expiration Date _____ 3 digit code on back of card _____

Signature of cardholder _____

Mail to: **Capitol Tours**
2926 Leaphart Road
West Columbia, SC 29169

Deposit ____ or Full Payment ____

Amount Paid \$ _____

Please complete a separate Registration Form for **each tour**. If you are registering more than one person who has the same address, you only need to fill out one form per tour. Please let us know if you need additional forms. We will be happy to mail these to you. If you have additional information that you feel we need to know in order to accommodate your needs, **please feel free to use the back of this form.**