TOUR REGISTRATION FORM	Tour Name/Code:Tour Date:
APPLICANT 1	APPLICANT 2
Name:Birthdate:	Name:Birthdate:
Name to go on nametag:	Name to go on nametag:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:Work Phone:	Home Phone:Work Phone:
Email:	Email:
Occupation:	Occupation:
HOTEL INFORMATION Hotel Room Preference: ☐ Smoking ☐ Non-Smoking ☐ Single ☐ Double ☐ Twin (2 beds) ☐ Triple Roommate Preference, if known:	HOTEL INFORMATION Hotel Room Preference: ☐ Smoking ☐ Non-Smoking ☐ Single ☐ Double ☐ Twin (2 beds) ☐ Triple Roommate Preference, if known:
PERSONAL INFORMATION  We urge you to complete all questions in the following section.  All information provided is completely confidential.  Do you have any dietary, medical, or physical restrictions? □ Yes □ No  Please Explain:	PERSONAL INFORMATION  We urge you to complete all questions in the following section.  All information provided is completely confidential.  Do you have any dietary, medical, or physical restrictions? □ Yes □ No  Please Explain:
Person to be contacted in case of emergency:  Name:	Person to be contacted in case of emergency:  Name:
Address:	Address:
Phone:	Phone:
TRAVEL INFORMATION Gateway City Arrival (pre-tour date):	TRAVEL INFORMATION Gateway City Arrival (pre-tour date):
Flight Number:Time:	Flight Number:Time:
Gateway City Departure (post-tour date):	Gateway City Departure (post-tour date):
Flight Number:Time:	Flight Number:Time:
DEPOSIT/PAYMENT INFORMATION  Enclosed Payment:	DEPOSIT/PAYMENT INFORMATION  Enclosed Payment: ☐ Deposit ☐ Balance  Amount of Payment \$Number of Spaces: ☐ Check ☐ Credit Card ☐ Visa ☐ Mastercard
Credit Card Number:	Credit Card Number:
Expiration Date:	Expiration Date:
Name as it appears on card:	Name as it appears on card:

A \$500 deposit, payable to The Oregon Zoo Foundation, must accompany this form. Mail form and application to:

Signature:\_\_\_

\_\_\_\_\_Date:\_\_\_\_

\_\_\_\_\_Date:\_\_\_\_

Signature:\_

The Oregon Zoo Foundation Attn: Kim Freed 4001 SW Canyon Rd. Portland, OR 97221