



**Shebby Lee**  
tours  
*Journey of Exploration & Discovery*  
PO Box 1032 • Rapid City SD 57709  
1-800-888-8306 • www.shebbleetours.com

## Tour Registration Form

### Tour: Native Arizona

#### Date Selected:

\_\_\_ **March 24-30, 2021**

\_\_\_ **May 2-8, 2021**

Traveler's Name(s): \_\_\_\_\_

Name(s)/Nickname(s) for Name Badge: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Special Requests/Needs: ☐ King Bed ☐ Two Beds ☐ Handicapped Room  
(All hotels are non-smoking)

To help our staff provide the best possible service, please provide the following information regarding general interests, emergency contact information, health and dietary restrictions, or mobility problems. **(Please make copies of this section for more than one registrant)**

Profession (if retired list career occupation): \_\_\_\_\_

Hobbies: \_\_\_\_\_

Special reason for taking this Tour Program: \_\_\_\_\_

Will you be celebrating a birthday or anniversary during the tour? ☐ Yes ☐ No

If Yes, what date(s): \_\_\_\_\_

General statement of health: \_\_\_\_\_

Do you have any disabilities which would inhibit you from participating in the activities of this program? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

Medical restrictions: \_\_\_\_\_

What, if any, medications are taken on a regular basis?

\_\_\_\_\_

Allergies (medications, foods, etc): \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Age(s): \_\_\_\_\_ **(required if purchasing trip insurance)**

#### EMERGENCY INFORMATION:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**Return to:** Shebby Lee Tours, PO Box 1032, Rapid City, SD 57709  
For Questions call: 1-800-888-8306

**Method of Deposit:** Personal Check for the deposit (see below for the appropriate amounts per person). Please make deposit check payable to *Shebby Lee Tours*. **Payment Schedule:** The deposit(s) per person are due with reservation form. **Full payment is due 45 days prior to departure.** Balance due can be paid by personal check. Reservations received after February 15, 2021, must be accompanied by payment in full.

Prices are per person	Trip Insurance	Double	Single
Tour Package Price		\$1,695	\$2,125
<input type="checkbox"/> Deposit with Insurance	\$175 D / \$270 S	\$375	\$470
<input type="checkbox"/> Deposit without Insurance		\$500	\$500

☐ No, I/we **do not** wish to purchase travel insurance, and I/we assume full responsibility for all penalties and administrative fees should I/we cancel for any reason. \* **Please review the trip cancellation penalties under Terms & Conditions.**

Shebby Lee Tours offers Trip Cancellation Insurance for this tour. Trip Mate has a reputation for its superior service and is among the most recognized and well-respected organizations in the travel industry. To register for insurance, please add the appropriate premium to your initial tour deposit.

**Amount enclosed \$** \_\_\_\_\_ **Final Payment Due:** 45 days before departure

**Payment is for:** ☐ 1 passenger ☐ 2 passengers

### Terms & Conditions

**Responsibility:** In common with other companies, Shebby Lee Tours acts solely as an agent in arranging for room accommodations, transportation, guide service, sightseeing, admissions, meals and all other services, and does not assume liability for injury, damage, accident or delay due to any act or default by the individual companies providing these services. In addition, Shebby Lee Tours reserves the right to modify routes, itineraries, accommodations and schedules should circumstances make such changes necessary. **Hotels - All hotels are non-smoking.** Accommodation costs are included and are three diamond-rated or best available. In some remote locations or smaller communities an historically significant property has been selected to enhance the interpretive content of the itinerary. **Meals -** Meals are included as listed. We try to honor special dietary requests with adequate notice. **Fully Escorted Tours -** Every Shebby Lee Tours excursion is accompanied by a professionally trained Tour Director whose duty is to see that your journey is the best possible experience. **Deluxe Transportation -** We use deluxe, temperature-controlled motor coaches that feature reclining seats and lavatories. Seat Rotation - Motor coach seating may not be reserved for any reason except for the seat directly behind the driver which is occupied by the Tour Director. Excursions including 30 or more passengers follow a seat rotation policy allowing everyone to enjoy a variety of views. **Smoking Policy -** Smoking is not allowed on the motor coach. Frequent comfort stops are made for those who wish to smoke. **What is Included -** Your Shebby Lee Tours excursion includes transportation, lodging, interpretive programs and guides, meals with taxes and gratuities, attraction and park admission fees as stated on the itinerary. Porterage for one large suitcase per person is included. Small carry-on bags are the responsibility of each individual traveler. **Cancellation Policy -** A deposit is required to reserve your passage on a Shebby Lee Tours excursion. Full payment is due 45 days prior to departure. Cancellations received up until that time are fully refundable. **44-31 days -** Full refund, less \$100 administrative fee. **30-0 days -** no refund. **Cancellations must be submitted in writing.** Trip interruption and cancellation insurance is highly recommended and is available at a nominal fee. **Tipping Guidelines -** The traditional end-of-the-trip gratuity for your Tour Director and Driver is not included on most tour programs. Recommended for your **Tour Director:** \$6-\$7 per day, per person. **Driver:** \$5-\$6 per day, per person. Since tipping is a personal matter, we recommend they be offered individually rather than as a group collection.

I, the undersigned, acknowledge that I have read and understand the above and accept the terms & conditions printed herein. **(If two passengers, BOTH must sign below)**

1<sup>st</sup> Participant: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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