

# Morningstar See Ski Savor Tours

## Initial Tour Deposit Form

[www.MorningstarSeeSkiSavorTours.com](http://www.MorningstarSeeSkiSavorTours.com) / [skiingman94@gmail.com](mailto:skiingman94@gmail.com)

(520) 405-5508

21080 Oriole Lane Bend, OR 97703

**Please complete this form upon initial deposit for any tour.**

**Either scan the completed form or take a photo and attach to an email sent to: *skiingman94@gmail.com*.**

**Please submit it with your initial deposit.**

### Tour Registration Information

#### Tour Participant Name(s)

(Please list every person covered by this deposit.)

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

#### Tour Selection

**Please indicate the exact tour you are registering for:**

\_\_\_\_\_

\_\_\_\_\_

**Tour Dates:** \_\_\_\_\_

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## Occupancy Preference

Single Occupancy

Double Occupancy

If Double Occupancy, roommate name:

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## Room Upgrade Options (where available): Hotel and room upgrade name

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## Initial Deposit Information

Deposit Amount Submitted: \$ \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## Form of Payment

Zelle Use [skiingman94@gmail.com](mailto:skiingman94@gmail.com) as locator for Zelle payments

Check

PayPal

## Contact Information

Primary Contact Name:

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Phone Number:

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