Service Information				
(1) Military Service in			USAF;USMC	
(2) Veteran of:K				
(3) Areas of Operation	s/Firebases:			
(4) Dates Served:				
<u> Four Information</u>				
(1) Special requests (d	ietary, seating, etc.):			
(2) Health (concerns pe while traveling):	_	This information is ne	-	afety and protection
(3) Have you traveled v (4) If traveling with frie	,	so, tour and date):		
* *	e room alone, Please bill me	e for the single room so with a roommate, the	* *	will apply.)
	Tour / Cruise Cost	# of Passengers	Deposit (per person)	Subtotals
Main Tour			\$500	
Post Tour Options			\$200	
			TOTAL Enclosed	
have read and agree to to the total have read and agree to the total harden to the state of the total harden to the total hard	ny credit card in the	amount indicated belo	W.	credit card, I hereby
PLEASE COMPLETE IF	PAYING BY CRE	DIT CARD		
I wish to charge my VISA Amount of \$ Account #:				
(please includ	le the 3 digit numbe	r, if applicable)		
Expiration date: Name as it appears on care	d:			

NOTE: Payment may be made by check, money order or credit card (VISA or MASTERCARD). Deposits are fully refundable, minus administration fee, until 90 days prior to the tour / cruise date. The final payment is due 90 days prior to the date of departure. We strongly suggest that you make a copy of both sides of this form for your own records.

Military Historical Tours

13198 Centerpointe Way, Suite 202 Woodbridge, Virginia 22193-5285 Phone: 703-590-1295 • Fax: 703-590-1292

E-mail: mht@miltours.com • Website: www.miltours.com

38th OCC/TBS 3-66 Registration Form

Please complete the entire form. **Type or print all information.** Attach separate sheets for additional travelers.



Name of Tour	38 th OCC/TBS Class 3 "Chu Lai to the DMZ"	66 I Corps Return – Tour Dates		10 – 23 June 2012						
<u>.</u>			innaars oi	A Nour passport)					
Last Name	nformation (Name EX A		ppears or	a your passport						
(1)		First Name			Nickname					
Spouse/Guest (2)		First Name			Nickname					
Address										
City		State			Zip					
Phone # Work #		Fax #	Fax #		E-mail					
	ontact Information									
Name		Phone Number		Relation	ship					
Additional Pa	rticipants Information	(Name EXA (C TLY as i	it appears on yo	our passport)					
Last Name		First Name			Nickname					
(3)					TVICILITATIO					
Address										
City		State			Zip					
Phone #			Fax #		E-mail					
Work #	 leliver overnight mail to	a Post Offic	e Roy Pi	lease contact of	ur office if th	oro is	a nrohlom			
	_	a i osi Ojjici	e Dox. T	ieuse contuct oi	ir ojjice ij in	ere is	a proviem.			
	y Contact Information				D-1-4'	-1. '				
Name		Phone Nu	Phone Number		Relationship					
Passport Information (AS IT APPEARS IN YOUR PASSPORT ON THE FRONT SHEET) First Person Second Person Third Person										
Name	First Telso	ш	50	cond 1 crson			Timu Terson			
Name										
Passport #										
Issue Date										
Expiration Date										
Birth Date										
Place of Birth										