**2016 WNC Beef Cattle Commission Tour**

**To: Eastern NC, Sunday, July 24 to Wednesday, July 27, 2016**

COST:

* Total **$400**
* Non refundable deposit of **$200** due with this form by May 15, 2016. This is a first come first served
* A waiting list will be kept in case the tour is full and as we have cancellations we will go down the lit
	+ After June 1st call office number below to check on availability of spaces
* Balance **$200** due by June 20, 2015

INCLUDES:

* Three nights at hotel
* Complimentary breakfast each morning at hotel
* 3 Evening Meals
* Transportation

ADDITIONAL DETAILS:

* Reservations are taken on a first come, first serve basis
* Room rates are based on an adult double occupancy
* Rooms are non-smoking
* Out-of-pocket expenses will consist of one meal a day, snacks and souvenirs
* If participant is under the age of 18, please state age beside their name

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Cell or Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Couples: If available, would you prefer king size bed? **⁪** Yes **⁪** No

***Emergency*** Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell or Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List *any* medical or allergy concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send completed form with $200 deposit to *(Checks payable to WNC Communities)*:

WNC Communities, 594 Brevard Road, Asheville, NC 28806, Phone: 828-252-4783

*OFFICE USE ONLY*

Date Deposit Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Balance Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_