



**6th Annual Grave Matters Bicentennial Cemetery Tour
The Path to Statehood
June 2 and 3, 2016**

*Registration opens at 7:30 a.m. with departure at 8:00 a.m.
Overnight in Corydon
Return 5:00 p.m. June 3, 2016*

Contact Information / Registration Form

Name: _____

(Please fill out separate forms for each participant)

Address: _____

City: _____ St: _____ Zip: _____

Email: _____

Cell Phone: _____ Home Phone (if applicable): _____

Booking details:

Double occupancy \$185.00 Member / \$210.00 Non-member (includes membership)
after January 1 \$235.00 Member / \$285.00 Non-member (includes membership)

Single occupancy \$225.00 Member / \$250.00 Non-member (includes membership)
after January 1 \$275.00 Member / \$325.00 Non-member (includes membership)

Tour includes:

- Transportation via coach, restroom equipped/snacks and beverages
- Accommodations for one night
- Baggage handling
- Meals: 1 breakfast, 2 lunches, 1 dinner
- Admission to attractions noted in itinerary
- Guided tours
- All taxes and gratuities included

Non-refundable deposit of \$75 per person deposit due with registration

Single occupancy _____ Double occupancy _____

Total amount due: _____

Less deposit: _____ Date sent: _____

Balance due by May 1, 2016 _____ I would like to receive a payment reminder

Payment Type: Check ___ Credit Card _____

Credit Card: MC VISA AMEX DISCOVER

Card Number: _____ Exp. _____

Please list any food or other allergies & special diet requests, such as vegetarian:

Please note that not every diet can be accommodated, and that providing the information does not guarantee the ability to supply your specific dietary needs, especially for diets described as low fat and low cholesterol. Diets such as dairy free, gluten free and vegetarian can typically be provided.

Do you have any important physical conditions that might flare up and require medical attention? Medical care is not included in the trip cost nor is it guaranteed. This information is requested so that if assistance becomes necessary, correct information can be given to emergency health care providers.

Emergency Contact Information

In the event of an Emergency, please designate a contact who will not be travelling with you:

Name: _____ Relationship: _____

Phone: _____ Alternate contact method: _____

Cancellation policy: Cancellation charges are 60 days and earlier: full refund, less deposit; 59 days before departure: no refund.

Please sign this and send it to the address below. By signing this you agree to the Terms and Conditions of the trip as they are described on this Registration Form.

Signature: _____ Date: _____

Mail this signed Registration Form with your Trip Deposit to:

Jennifer Hiatt – Eugene and Marilyn Glick Indiana History Center, 450 West Ohio Street, Indianapolis, IN 46202.
For questions call – 317-234-2670

** All participants are required to ride the bus to participate on the tour. We are unable to provide secondary pickup locations or allow guests to meet along the way and follow the bus.*