



National Parks Conservation Association®
Protecting Our National Parks for Future Generations®

PARKSCAPES TOUR ENROLLMENT FORM

*Please print this form and return with your complete per person deposit to
NPCA (attn: ParkScapes Travel) at the address listed below.*

Tour Title: _____ Today's Date: _____

Space(s) Reserving: (please circle one) 1 2 3 4 5+ # Children under 18: _____

Participant Contact Information

Primary Participant: _____ Birth date: _____

Roommate: _____ Birth date: _____

Additional Participant(s): _____ Birth date: _____

Roommate: _____ Birth date: _____

NPCA Member Number#: _____ How did you learn about this tour? _____

Mailing Address: _____

City, State: _____ Zip Code: _____

Daytime Phone: _____ Cell phone: _____

Email Address: _____

ParkScapes Tour Payments

*Tours are confirmed via initial per person deposit. Please make deposit checks payable to the Travel Partner listed on
the tours web page. All credit card deposits and final invoices will be processed by the tour's Travel Partner.*

Enclosed is deposit payment of \$ _____ # of confirmed participants: _____

Payment via: Personal Check Visa MasterCard Amex

Name as it appears on credit card: _____

Card Number: _____ Expiration Date: _____

Accommodations

Double occupancy (roommate name if not shown above _____)

Single room (Willing to pay the additional single supplement for a private room)

If possible, please assign me a roommate (Cannot be guaranteed)

Please send me more information about booking additional nights accommodation or purchasing
airfare through an NPCA partner organization.

If you have any question please feel free to contact NPCA ParkScapes Travel at 800.628.7275.

Please return to: National Parks Conservation Association (attn: ParkScapes Travel)

1300 19th Street NW, Suite 300, Washington, DC 20036