

**USS Plymouth Rock LSD 29
Tour Order Form**

**Advance Registration Deadline
is September 4, 2008**

**If you have questions please call
(314) 727-2400**

**PLEASE RETURN TO:
Destination St. Louis, Inc.
7710 Big Bend Blvd.
St. Louis, MO 63119**

Or by fax: 314-727- 2227

**Or register online:
www.destinationstlouis.com/plmouth.htm**

TERMS AND CONDITIONS:

Tours depart the Doubletree Westport, Main entrance. Tickets will be held for pickup at the Tour Desk in the Reunion registration area of the Doubletree Westport.

Destination St. Louis, Inc. reserves the right to cancel a tour if a minimum number is not met or if an attraction becomes unavailable for reasons beyond its control.

Payments will be refunded by mail if a tour is sold out/ cancelled.

Advance reservations must be received by September 4, 2008. Tickets will be sold on-site, space permitting, and an additional \$5.00 per ticket will be added.

**If you have questions please call (314) 727-2400.
You may fax your registration to (314) 727-2227.**

Tour desk hours are as follows:

Thursday, September 18, 2008: 12:00 p.m.-4:00 p.m.

	Tour Name	Date and Time	Cost	Number of tickets	Total
1.	Gateway to St. Louis-Introductory Tour	Friday, September 19, 2008 9:30 a.m. to 4:30 p.m.	@ \$48.00 each		
2.	Our Military Heritage	Saturday, September 20, 2008 9:30 a.m. to 2:00 p.m.	@ \$48.00 each		

Total Amount Due: _____

SPECIAL NEEDS: If you have a disability that may influence your participation in the Tour Program, please attach a written description of your disability needs to your registration from. We cannot assure the availability of appropriate accommodations without prior notification of need.

- * Make all checks payable to Destination St. Louis
- * All credit card orders will be charged a 4% service fee on total amount of purchase.
- * All cancellations received after September 4, 2008 are subject to a \$5.00 processing fee.

Name: _____

Address: _____

City: _____

Email: _____ State: _____ Zip: _____

Daytime Phone #:(_____) _____

Payment Method: Check MC/VISA/AMEX

MC/VISA/AMEX # _____

Expiration Date: _____

Signature: _____