

GGC ATLANTA EXPERIENCE TOUR BUS FORM

Submit this form and payment to:

Georgia Grand Council Secretary
P.O. Box 91821
East Point, GA 30364

Bus Tour Registration Form

Tour Date: _____

Departure Time: _____

Departure Location: _____

Passenger Information

Full Name: _____

Phone Number: (____) _____ - _____

Email Address: _____

Payment Information

Cost (check one):

☐ \$20 (If submitted **on or before July 10th**)

☐ \$25 (If submitted **after July 10th**)

Payment Method:

☐ Cash ☐ Money Order ☐ Zelle

Agreement & Signature

I agree to follow all safety instructions during the bus tour and understand that the organizers are not liable for any personal injury or loss.

Signature: _____

Date: _____