

**Winston-Salem Grand Western Tours, Inc.**

310 Rockford Rd  
Greensboro, NC 27408

**APPLICATION FOR** \_\_\_\_\_

**Fill in Year Applying**

**GRAND WESTERN TOUR**

ATTACH  
PHOTOGRAPH  
HERE

**\*\*\*\*\* Please submit with NON-REFUNDABLE deposit of \$1,500.00 \*\*\*\*\***

**Please Print**

Applicant's Full Name \_\_\_\_\_  Male  Female

Name Called \_\_\_\_\_ **Birthdate** \_\_\_\_\_ Age at time of tour \_\_\_\_\_

**T-Shirt Size:** (allow for shrinkage)  Adult Small  Adult Medium  Adult Large  Adult X-Large

**Father's Full Name** \_\_\_\_\_ **Name Called:** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_ **Name Called:** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

If parents are separated/divorced, applicant **primarily** resides with (**choose one**):  Mother  Father

If parents are separated/divorced, all correspondence should be sent to:  Mother  Father

School now attending \_\_\_\_\_ Class/year now enrolled \_\_\_\_\_

\*Do you have any physical condition that requires special attention or medication?  Yes  No If Yes, please explain \_\_\_\_\_

Names of relatives and/or friends who have previously gone on this tour: \_\_\_\_\_

How did you hear about Grand Western Tours? \_\_\_\_\_

**\*\* Signed Rules and Regulations & Horseback Riding Waiver MUST accompany this application! \*\***

*We have read the General Information and General Conditions furnished to us by Winston-Salem Grand Western Tours, Inc. We accept them and agree that the provisions of said General Information and General Conditions shall be binding upon us. We further state that all the facts and statements made by us in this application are true.*

Date: \_\_\_\_\_

Applicant's Full Signature \_\_\_\_\_

Father's Full Signature \_\_\_\_\_

Mother's Full Signature \_\_\_\_\_