DISCOVERY TOURS
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GROUP NAME: ____________________

DATE(S): ____________________

DESTINATION: ____________________

COST PER PERSON: ____________________

TOTAL AMOUNT ENCLOSED: ____________________

THIS FORM MUST ACCOMPANY ALL INDIVIDUAL CHECKS SENT TO DISCOVERY TOURS.

If sending a school check for payment, it is not necessary to send an accounting form.

STUDENT FIRST NAME	STUDENT LAST NAME	PAYMENT 1	(PAYMENT TYPE / DATE)	PAYMENT 2	(PAYMENT TYPE / DATE)	PAYMENT 3	(PAYMENT TYPE / DATE)	PAYMENT 4	(PAYMENT TYPE / DATE)	TOTAL