

TOUR REQUEST FORM

(502) 216 0678 524 Main St Shelbyville KY shelbybourbontours.com

CUSTOME	R INFORMATION:			
Name: Email:		Email:		
Phone Numb	per:			
BILL INFO	RMATION:			
Email:		TIQUE.	MOUD DECLIESE FORM	
Phone Number:			REQUEST FORM	
Address:				
City, State, 7	ZIP:			
TOUR:				
Tour Name:		Tour Date:	Start:	
Transportation:			End:	
Contact us directly for groups larger than 20 guests. SUV holds 6 guests, VAN holds 15 guests, and BUS 20 guests.			Total Guests:	
CUSTOM T	OUR CONTINUATION:			
Distilleries:	Select the distilleries you would like to visit. We will contact you with modifications or accommodations if there are any conflicts.			
Distilleries:				
Distilleries:				
Additional I	nformation:			
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Indemnity & Hours Clause:

The initial tour package includes up to 8 hours of service. Any additional hours beyond the initial 8 hours will be charged at a rate of \$120 per hour. The client agrees to indemnify and hold harmless Shelby Bourbon Tours from any claim, losses, liabilities, and expenses arising out of or related to the bourbon touring experience.