



GROUP NAME:

CONTACT NAME:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

PHONE:

FAX:

DATE OF TOUR:

ARRIVAL TIME:

DEPARTURE TIME:

NUMBER OF OVERNIGHT ROOMS NEEDED:

TYPE ROOMS:

NUMBER IN GROUP:

AVERAGE AGE OF GROUP:

PURPOSE OF TRIP:

SPECIAL INTERESTS: (PLEASE CIRCLE ALL YOU WANT TO CONSIDER)

HISTORY MUSEUM ART MUSIC DRAMA CUISINE

CEMETERIES CHURCHES LECTURE NATURE

FESTIVAL OTHER SPECIAL EVENTS

ADDITIONAL INFORMATION ABOUT YOUR GROUP OR SPECIAL REQUESTS:

MAIL, FAX OR EMAIL TO: BEAUFORTBLACK@GMAIL.COM

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