

LAUREL HIGHLANDS BACKYARD TOUR



THURSDAY APRIL 12, 2018

Did you ever wonder how to enhance the skills of your front line employees? We invite you to join us on our Annual Laurel Highlands Backyard Tour for an entire day dedicated to showcasing our region's assets and educating your staff. This is an opportunity you and your staff won't want to miss!

LAUREL HIGHLANDS BACKYARD TOUR – Thursday, April 12, 2018 – 7:30am – 8:00pm

TOGETHER WE GROW! Tis the season for growth – and April 12 is the day YOUR knowledge on what to see and do in the Laurel Highlands will expand into important information to answer the ever important question ‘What is there to do around here?’ Join us for our Annual Backyard Tour, and enjoy the beauty of OUR region while exploring what’s growing in Fayette County. As always, our day of discovery is a bit of mystery. Find out why words like rest, zen, stay, heritage, welcome, rock, farm, chocolate, and cycle are significant to the Laurel Highlands. This is one opportunity you will not want to miss and, our motorcoach fills up quickly. This educational tour is perfect for front-line employees and business owners. Walking is involved on this excursion; so, comfortable shoes are a must.

\$45 for the day includes morning treats, lunch and dinner and so much more.



REGISTRATION FORM:

Partner/Property Name _____ Phone # _____

<u>Attendees</u>	<u>E-mail</u>	<u>PICK-UP</u> Donegal 7:30am	<u>PICK-UP</u> New Stanton 8:00am
1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL Attending Backyard Tour _____ x \$45.00 = TOTAL \$ _____

For your convenience, Laurel Highlands Visitors Bureau accepts Mastercard and Visa payments. By completing the required information below, you may charge your balance due on your credit card.

Card Account Number _____

3-digit card security code _____ Expiration Date _____ Amount to be charged _____
(found on back of card on signature line)

Print Cardholder Name _____

Billing Address for Credit Card _____

Authorized Cardholder Signature _____
(I agree to pay the amount indicated and perform the obligations set forth in the cardholder's agreement with the issuer.)

Make checks payable to: Laurel Highlands Visitors Bureau, 120 East Main Street, Ligonier, PA 15658
For more information, contact Stacey Magda, ext 111 or smagda@laurelhighlands.org
REGISTRATION AND CHECKS MUST BE RECEIVED BY THURSDAY, APRIL 5, 2018.