



Registration Form - Cruise or Fly Tours ONLY



Name: _____ DOB: _____

Nick Name (For name tag): _____

Address: _____

Phone: _____ (H) _____ (C)

Email: _____

Roommate Name: _____ DOB: _____

Nick Name (For name tag): _____

(Please fill out separate registratin if roommate has different address)

Special Requests: _____

Mobility Limitations (ie.- walker, cane): _____

Tour Location: _____ Special Occasion: _____

Occupancy per room: (Circle One)

Single (1 person)

Double (2 people)

Triple (3 people)

Quad (4 people)

Room Request: (Circle One) *Based upon availability

1 Bed

2 Beds

Handicap (Explain Need): _____

Pick-up/Drop-off locations: All Cruise & Fly Tours will meet at Minneapolis/St. Paul International Airport

Other States & Cities (Pre-arranged by ChmieBell Tours): _____

Allergies (Explain): _____ Amount Enclosed: _____

Where did you hear about us? _____



Travel Protection:

Plan to Purchase

Decline

(Please check one)

Signature: _____

Please mail payment and completed form to:

ChmieBell Tours

15972 Havelock Ct

Apple Valley, MN 55124

Any Questions?



Contact us at: 612-749-6330