



REGISTRATION FORM

Single Double Triple Quad

Full Name: _____

Preferred Nick Name: _____ Date of Birth: _____

Full Name: _____

Preferred Nick Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

Cell Phone: (____) _____

E-Mail Address: _____

Please indicate any Special Needs/Requests: _____

Dietary Restrictions: _____

Allergies: _____

Tour Location: _____

Sleeping Preference: (Where Available) 2 Double Beds 1 Single King

Boarding Preference: (Check One) **Locations may change depending on Group Size**

K-Mart/(W. Duluth) Super One/(Cloquet) BP/(Willow River) Tobies/(Hinckley)

McDonald's/(Pine City) McDonald's/(N. Branch) McDonald'/(Forest Lake) Brunswick/(Lakeville)

Other Location: (Depending on Group Size) _____

Amount Enclosed: _____

Mail payment to:
ChmieBell Tours
15972 Havelock Ct.
Apple Valley, MN 55124

Will you be celebrating any special event?
Date: _____
Event: _____