

Tour Name: _____ Tour Dates: _____

Tour Type: Coach Tour Cruise Tour Fly Tour

Full Legal Name: _____ DOB: _____

Preferred Name (For Name Tag): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Room Occupancy: Single Double Triple Quad

Roommate Full Legal Name: _____ DOB: _____

Preferred Name (For Name Tag): _____

(Please fill out separate registration form if roommate has different address)

Medical Use CPAP: Yes No Accessible Room Needed? Yes No

If Yes, Please Explain: _____

Mobility Level: No Mobility Concerns Difficulty Walking Long Distances Use a Cane Use a Walker
(Must travel with a companion who can assist throughout the tour)

Dietary Needs: None Vegetarian Gluten Free Dairy Free Diabetic Food Allergy Other

Please Explain Allergy/Dietary Need: _____

Special Requests or Information We Should Know: _____

Pick-up and Drop-off Locations: (Check One)

Proctor @ McDonalds Cloquet @ SuperOne Willow River @ BP Station Hinckley @ Tobies
 Pine City @ McDonalds North Branch @ McDonalds Forest Lake @ McDonalds Lakeville @ McDonalds
 Champlin @ Ice Forum Other: _____ (Depends on group size)

Amount Enclosed: _____ Type: Check Cash Other Check #: _____

Where Did You Hear About Us? _____

Travel Protection: Plan to Purchase Decline Signature: _____ Date: _____

Mail Completed Form and Payment To:

ChmieBell Tours - 15972 Havelock Ct - Apple Valley, MN 55124