



Registration Form - Coach 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: (Circle One)

Proctor @ McDonalds

Cloquet @ SuperOne

Willow River @ BP Station

Hinckley @ Tobies

Pine City @ McDonalds

North Branch @ McDonalds

Forest Lake @ McDonalds

Lakeville @ Bowlero

Maple Grove @ Comm Center Other: _____ (Depends on group size)

Allergies (Explain): _____ Amount Enclosed: _____

Where did you hear about us? _____



Travel Protection:

Plan to Purchase

Decline

(Please check one)

Signature: _____

(You agree to terms and conditions)

Please mail payment and completed form to:

ChmieBell Tours

15972 Havelock Ct

Apple Valley, MN 55124

Any Questions?

Contact us at: 612-749-6330