

Registration Form - Coach Tours ONLY



Name:	DOB:		
Nick Name (For name tag):			
Address:			
Phone:	(H)		(C)
Email:			
Nick Name (For name tag):			
	(Please fill out separate registrati	in if roommate has different address)	
Special Requests:			
	Special Occasion:		
Occupancy per room: (Circle C Single (1 person) Room Request: (Circle One) *E 1 Bed 2 Beds	Double (2 people) Based upon availability	Triple (3 people)	Quad (4 people)
Pick-up/Drop-off locations: (Cir Proctor @ McDonalds Pine City @ McDonalds	1 7 1	Willow River @ BP Station Forest Lake @ McDonalds	Hinckley @ Tobies Lakeville @ Bowlero
Allergies (Explain):	Amount Enclosed:		
	* * * * *		
Travel Protection:	Plan to Purchase	Decline (Please check one)
Signature:			
	(Volugaree to terms an	nd conditions)	

Please mail payment and completed form to:

ChmieBell Tours
15972 Havelock Ct
Apple Valley, MN 55124



Contact us at: 612-749-6330