



Motorcoach Tour Reservation Form




Name: _____ Phone: _____

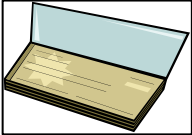
Street: _____ City: _____ State: _____ Zip: _____

Tour Name: _____ Tour Date: _____

Email: _____ Departure Location: _____

Please consult individual itineraries for departure locations.

I/WE PREFER		
SPECIAL NEEDS <input type="checkbox"/> Wheelchair accessible motorcoach <input type="checkbox"/> Walking challenged <input type="checkbox"/> Handicap room <input type="checkbox"/> First floor rooming accommodations (For health reasons, only if elevators are not available)	 <input type="checkbox"/> Single <input type="checkbox"/> 1 Bed – 1 Person <input type="checkbox"/> Double – Dbl/Queen 1 Bed – 2 People	 <input type="checkbox"/> Double – Dbl/Queen 2 Beds – 2 People <input type="checkbox"/> Triple/Quad – Dbl/Queen 2 Beds – 3 or 4 People
	 <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Smoking	
Meal Choice(s): _____ _____		
Special Requests: _____ _____		

PAYMENT INFO	
PAYING BY CHECK <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Deposit <input type="checkbox"/> Full Payment  Please make checks payable to Cyr Northstar Tours. REMEMBER to send a <u>SEPARATE CHECK</u> For each trip	PAYING BY CREDIT CARD Charge to my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover *Reminder: If booking 60 days or more prior to tour departure please submit the discounted rate (5% off rate). Amount Debited to card \$ _____ <input type="checkbox"/> Deposit <input type="checkbox"/> Full Payment Card Number: _____ Exp. Date: _____ CVV: _____ Name on Card: _____ Signature: _____

ROOMMATE/TRAVELING PARTNERS			
<i>If you have friends traveling with you, please include their names and addresses below.</i>			
<input type="checkbox"/> Traveling with			
<input type="checkbox"/> Roommate			
Name	Address	City/State/Zip	Phone Number
<input type="checkbox"/> Traveling with			
<input type="checkbox"/> Roommate			
Name	Address	City/State/Zip	Phone Number
<input type="checkbox"/> Adjoining Room - With Who: _____			

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