

New England Leaf Peepers · September 25th - October 11th, 2010

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

How many are registering on this application? _____ (Up to 4 in a room)
Kindly list phone numbers & addresses of roommates on the back of this sheet who will need separate billings.

Names: _____

Special Needs: Such as dietary, difficulty walking, climbing stairs, motion sickness, allergies, etc.

All rooms booked are non-smoking.

_____ One Bed _____ Two Beds
_____ Smoking Room _____ Non-Smoking

Boarding Preference

_____ Duluth
_____ Eveleth
_____ Virginia
_____ Hibbing
_____ Grand Rapids
_____ Cloquet

Are you interested in travel protection insurance?

Yes _____ No _____
Please send me a brochure _____

Is this your first motor coach trip?

Yes _____ No _____

Have you traveled with Happy Trail Tours before? Yes _____ No _____

Amount Enclosed \$ _____ for _____ number of reservations.
\$175 (US Funds) per person due with reservation form. \$25 is non-refundable.
(No credit cards please) Reservations without financial deposits may not secure seats.

Please print, fill out & mail this reservation form to Happy Trails Tours, PO Box 432, Forbes MN 55738