Legal Name:			Birthdate: Toda		
Address:	City:	State:	_ Zip:Pho	ne Cell:	
Cell # How many perso	ns are registering:	_ (Up to 4 in a room)	Amount enclosed	l: \$	(\$250 per person)
Travel Partner: (Please include birthdate / Cell:)					
Do you have a passport or passport card? Expires Date: Be sure to print legal names that match passport for border crossings.					
Special Requests:					
Boarding Choices: Grand Rapids	Hibbing Vir	ginia Eveleth_	Superior	Duluth	_
i (Folks from Central MN will come to Duluth	the night before with	the driver) Brainero	d Little Falls _	Rice	_ St Cloud
Are you interested in travel protection insurance? Yes No Would you like a brochure? Yes No					
Mail this reservation form to: Happy Trails Tours/ PO Box 432, Forbes, MN 55738 2017 Canada's Northeast & Maritime Provinces					