

(Legal) First: _____ (Middle) _____ (Last) _____ (Birthdate) _____ Date: _____

Must match your passport. - Kindly PRINT.

Phone: _____ Cell: _____ Email: _____

Address : _____ City: _____ State: _____ Zip: _____

Roommate: (Full Legal Name) _____ (BD) _____ 2 Beds ___ 1 Bed: ___ All rooms are non-smoking.

Passport Information: (1) # _____ Expires: _____ (Guest 2) # _____ Expires: _____

Amount enclosed: _____ for _____ Reservations. \$275.00 per person. (Checks, Money Orders or Credit Cards)

Boarding: Gr Rapids: ___ Hibbing ___ Virginia ___ Eveleth ___ Duluth ___ Sartell ___ Rice ___ Baxter ___ Little Falls ___

Special Requests: _____

Are you interested in travel protection insurance? _____ *It covers pre-existing conditions if purchased within 12 days of your initial deposit paid.*

Call us for further information on travel insurance. 800-635-7779.

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