Name:				Date:	·
	Cell:		Email:		
Address:					
Roommate:			Cell	Phone:	
2 Beds1Bed: All rooms non smoke. I must have a first floor room if the hotel does not have an elevator					
Amount enclosed: \$ for # Reservations. \$ per person. (Checks-Money Orders-Credit Cards)					
Are you interested in Tr	avel Protection Insurance?	Yes No	Uncertain 0	Call us @ 1-800-	635-7779
Boarding: Gr Ra	apids: Hibbing	Virginia	Eveleth	Duluth	Cloquet
Baxte	er Little Falls	Rice	Sartell	Burnsville	Other:
Special Requests: Dickens of a Christmas - Dec 2-5, 2016					