

Registration Form

Name: _____ Phone: _____ Today's Date: _____

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

Email Address: _____ Cell: _____

Roommates _____ (Up to 4)

Amount enclosed - \$ _____ (\$150.00 per person per reservation) for _____ Number of people in the rooms.

Would you like to insure this tour? No ___ Yes ___ (Call our office for more information about travel insurance)

Special Needs/Requests: _____

Boarding Preference: Hibbing ___ Virginia ___ Eveleth ___ Duluth ___ Superior ___ Little Falls ___ Rice ___ Sartell ___

2023 A Shipshewana Christmas