

PLEASE PRINT LEGIBLY - AND RETURN THIS FORM WITH YOUR PAYMENT

(1) Name: _____ Home Phone: _____ Today's Date: _____

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

Email Address: _____ Cell: _____

(2) Name: _____

Enclosed \$ _____ \$250 per person due with reservation form. One Bed _____ Two Beds _____ All rooms are non-smoking.

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

Your choice of boarding: _____ Grand Rapids _____ Hibbing _____ Virginia _____ Eveleth _____ Duluth _____ Cloquet
_____ Baxter _____ Little Falls _____ Rice _____ Sartell _____ Burnsville _____ Owatonna _____ Albert Lea

Are you interested in Travel Protection Insurance? Yes _____ No _____ (We need your birthdates for insurance)

(1) DOB: _____ / (2) DOB _____ Have you traveled with Happy Trails Tours before? Yes _____ No _____

Winter Escape Texas 2019