

**Sign me up for the Toronto and Niagara Falls Tour**

Full Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_

How many persons are registering on this application? \_\_\_\_\_ (Up to 4 in a room) Amount Enclosed \$ \_\_\_\_\_ (\$ \_\_\_\_\_ Per Person)

Name: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Please give us full addresses and phone numbers if these persons are to be getting separate billings but registering on this application form. Kindly enclose another sheet to include this information.

Preferred site for boarding: Grand Rapids \_\_\_\_\_ Hibbing \_\_\_\_\_ Virginia \_\_\_\_\_ Eveleth \_\_\_\_\_ Duluth \_\_\_\_\_ Superior \_\_\_\_\_  
Brainerd \_\_\_\_\_ Little Falls \_\_\_\_\_ Rice \_\_\_\_\_ Sartell \_\_\_\_\_

Are you interested in purchasing travel protection insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you want a brochure? \_\_\_\_\_

One King Size bed? \_\_\_\_\_ Two Beds \_\_\_\_\_ (All rooms none-smoke) Near Elevator? \_\_\_\_\_ Lower Floor \_\_\_\_\_ Room Type Doesn't Matter \_\_\_\_\_

Special Needs: \_\_\_\_\_

Other: \_\_\_\_\_

Mail to: Happy Trail Tours: PO Box 432, Forbes, MN 55738

Toronto / Niagara Falls 2016