

TOUR REGISTRATION FORM

1) Legal Name <i>(as it appears on your passport):</i>
Nickname <i>(for lists and name tags):</i> Citizenship:
Date of Birth:
Passport #:
Issue Date: Exp. Date:
Address:
City: State: Zip:
Telephone:
Alternate Address <i>(if applicable):</i>
Email Address:
Tour(s) Registering For: <input type="checkbox"/> Boston Madness, June 6 th <input type="checkbox"/> Lobster Bake, August 14 th <input type="checkbox"/> San Francisco, Yosemite & Napa Valley, September 2-9 <input type="checkbox"/> Mystery Tour, October 2 nd <input type="checkbox"/> Christmas Past in Newport, RI, December 3-4 <input type="checkbox"/> Boston Pops Holiday Show, December 11
Preferred Departure Point <i>(NOT all departure points are offered on every tour – please check your preference):</i> <input type="checkbox"/> St. Johnsbury, VT <input type="checkbox"/> Woodsville <input type="checkbox"/> Littleton <input type="checkbox"/> Plymouth <input type="checkbox"/> Meredith <input type="checkbox"/> Tilton <input type="checkbox"/> Other _____
My roommate is <i>(if not listed on back, Newport & CA trips only):</i>
Please assign me a roommate

Enclosed is my/our deposit for \$_____ (Please make checks payable to **Plymouth Travel**)

Please bill a deposit of \$_____ MC VI # _____ exp.

I/We have read and understand the General Information, Terms & Conditions and the Responsibility and Insurance Statement printed in the brochure.

Signature _____

NOTES & COMMENTS

Please use this space to indicate any information that will help us to make your trip more enjoyable. Please note special medical conditions, celebrations, room requests, meal requests or other considerations that you wish to make us aware of.

Please return this form with payment to:

Plymouth Travel Inc. 13A Town West Road Plymouth, NH 03264
 603-536-2403 • 1-800-682-0135 • Fax 603-536-4941 • info@plymouth-travel.com