

RESERVATION AND INSURANCE FORM

PLEASE FILL OUT INFORMATION REQUESTED BELOW AND RETURN:

**BOSTON POPS ORCHESTRA 4th OF JULY CELEBRATION
JULY 02-05, 2010**

RESERVATION FORM

I/we have read and understand the conditions and enclose check or money order in the amount of \$ _____
for _____ reservations.

Signature: _____

Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Business Phone #: _____ Emergency #: _____

Double Room _____ Single Room _____ *(ALL ROOMS NON-SMOKING)*

ROOMMATE(S): _____

ADDRESS & PHONE # OF ROOMMATE (If different): _____

PLEASE CHECK: I (we) will board the coach at: CAMDEN _____ NEW CASTLE _____

SPECIAL NEEDS: _____

INSURANCE:

NO- I/WE do not wish to purchase the Travel Insurance. **Please Initial** _____

IF YES- I/WE are interested in the offered Motorcoach Tour Protection Plan.
(MUST CALL DAWSON TOURS FOR PROTECTION PLAN FORM.)

INSURANCE CAN NOT BE PURCHASED AFTER FINAL PAYMENT DATE.

Revised 11/10/09