

RESERVATION AND INSURANCE FORM

PLEASE FILL OUT INFORMATION REQUESTED BELOW AND RETURN:

**CAPE COD & MARTHA'S VINEYARD
SEPTEMBER 27 - OCTOBER 01, 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 ARE 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 do not wish to purchase the Travel Insurance. **Please Initial** _____

IF YES **Fill out insurance form** and mail with a **separate check** payable to **Dawson Tours** along with
the above. **(MUST CALL DAWSON TOURS FOR PROTECTION PLAN FORM.)**

INSURANCE CAN NOT BE PURCHASED AFTER FINAL PAYMENT DATE.

Revised 07/10/09