

**CHECKS ARE TO BE MADE PAYABLE TO:**

**DAWSON TOURS**

**MAIL TO:**

**DAWSON BUS SERVICE, INC.  
405 E. CAMDEN-WYOMING AVE.  
CAMDEN, DE 19934**

**PLEASE RETURN THE FORM BELOW:**

**CLEOPATRA - FRANKLIN INSTITUTE  
SATURDAY OCTOBER 09, 2010**

**ENCLOSED PLEASE FIND A CHECK OR MONEY ORDER IN THE AMOUNT OF \$ \_\_\_\_\_  
FOR \_\_\_\_\_ (NUMBER OF) RESERVATIONS AT \$39.00 PER PERSON.**

**PLEASE CHECK ONE: I (WE) WILL BOARD THE COACH AT THE FOLLOWING LOCATION:**

\_\_\_\_\_ **CAMDEN**

**IT IS NECESSARY FOR THE FOLLOWING INFORMATION TO BE COMPLETED IN FULL FOR  
EACH PASSENGER. USE THE BACK OF THIS FORM IF NECESSARY.**

**NAME** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_  
**Cell Phone #** \_\_\_\_\_  
**Work Phone #** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **Emergency #** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_  
**Cell Phone #** \_\_\_\_\_  
**Work Phone #** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **Emergency #** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

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