

**RESERVATION AND INSURANCE FORM**

**PLEASE FILL OUT INFORMATION REQUESTED BELOW AND RETURN:**

**MICHIGAN  
SEPTEMBER 15-23, 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-** **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 06/28/10*