

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:

NEW YORK CITY - ON YOUR OWN EXPLORING & SHOPPING  
SATURDAY OCTOBER 02, 2010

ENCLOSED PLEASE FIND A CHECK OR MONEY ORDER IN THE AMOUNT OF \$ \_\_\_\_\_  
FOR \_\_\_\_\_ (NUMBER OF) RESERVATIONS AT \$45.00 PER PERSON.

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

\_\_\_\_\_ \*MILFORD      \_\_\_\_\_ CAMDEN      \_\_\_\_\_ SMYRNA      \_\_\_\_\_ NEW CASTLE  
\*MINIMUM OF 8

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 \_\_\_\_\_

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 \_\_\_\_\_