

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:

SHOWBOAT CASINO - ATLANTIC CITY, NJ

SATURDAY JULY 24, 2010

REVISED DATE

**ENCLOSED PLEASE FIND A CHECK OR MONEY ORDER IN THE AMOUNT OF \$ _____
FOR _____ (NUMBER OF) RESERVATIONS AT \$32.00 PER PERSON.**

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

_____ **CAMDEN** _____ **SMYRNA** _____ **NEW CASTLE**

**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** _____

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