

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 AUGUST 21, 2010**

**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 # _____
ADDRESS _____ **Work Phone #** _____
Emergency # _____
CITY _____ **STATE** _____ **ZIP CODE** _____

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