



UNICORN TOURS

Multi-Day Tour Reservation Form

Mail Back to Unicorn Tours with Deposit

Checks Payable to: Unicorn Tours, Inc.

Tour Name		Tour Dates
-----------	--	------------

Check Total \$	Check Number	Date
----------------	--------------	------

RESERVATION (Please Check only one)
 SINGLE DOUBLE TRIPLE QUAD Deposit Amount \$ _____

Optional Trip Cancellation Insurance
 YES NO Insurance Amount \$ _____

Room Request (<input type="checkbox"/> 2 DOUBLE BEDS <input type="checkbox"/> QUEEN <input type="checkbox"/> KING	<input type="checkbox"/> LOWER FLOOR <input type="checkbox"/> HANDICAP ROOM <input type="checkbox"/> UPPER FLOOR <input type="checkbox"/> NEAR ELEVATOR <input type="checkbox"/> AWAY FROM ELEVATOR
---	--

PASSENGER INFORMATION - First Name Last Name	Second Passenger Name (IF SAME HOUSEHOLD)
---	---

Mailing / Street Address	Town	State Zip
--------------------------	------	-----------

Phone	Cell	Email address (for tour updates)
-------	------	----------------------------------

Pickup Location (Please Check only one)
 HAVERHILL LAWRENCE CHELMSFORD

EMERGENCY CONTACT INFORMATION - Name	Relationship
--------------------------------------	--------------

Home Phone	Work Phone	Cell Phone
------------	------------	------------

Rooming With: If Triple or Quad _____

Request room near passengers (names) _____

Dietary Request _____ Special Needs _____

Meal Choices (if Applicable)	First Passenger	Second Passenger	Third Passenger	Fourth Passenger
Day of Trip	_____	_____	_____	_____
Day of Trip	_____	_____	_____	_____
Day of Trip	_____	_____	_____	_____

Additional information

Mail to: Unicorn Tours Inc
 6 Wildes Road,
 Chelmsford, MA 01824

Phone: (978)256-6559 – FAX (978)256-6796
 Toll Free 88UNICORN3 (888-642-6763)
 www.UnicornTours.com

