



UNICORN TOURS

Multi-Day Tour Reservation Form

Mail Back to Unicorn Tours with Deposit

Tour Name		Tour Dates
Check Total \$	Check Number	Date
RESERVATION (Please Check only one)		
<input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> QUAD		Deposit Amount \$ _____
Optional Trip Cancellation Insurance		
<input type="checkbox"/> YES <input type="checkbox"/> NO		Insurance Amount \$ _____
Room Request (<input type="checkbox"/> LOWER FLOOR <input type="checkbox"/> HANDICAP ROOM <input type="checkbox"/> UPPER FLOOR <input type="checkbox"/> NEAR ELEVATOR
<input type="checkbox"/> 2 DOUBLE BEDS <input type="checkbox"/> QUEEN <input type="checkbox"/> KING		
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)		
<input type="checkbox"/> HAVERHILL <input type="checkbox"/> LAWRENCE <input type="checkbox"/> 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) Please indicate for which day of the tour (Day 1, 2 , etc.)		

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

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