



Registration Form



Full Legal Name: _____

Preferred Nick Name: _____ Date of Birth: _____

Rooming Partner: _____

Preferred Nick Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Travelling Companions: _____

Known Allergies: _____

Dietary Restrictions: _____

Please indicate any Special Needs or Requests: _____

Registering as: Single Double Triple Quad

Bed Preference (Where Available): 2 Double Beds 1 King Bed Roll Away Needed

Tour Location: _____

Boarding Preference: (check one) *Locations may change depending on Group Size*

K-Mart/(W. Duluth)

Super One/(Cloquet)

BP/(Willow River)

Tobies/(Hinckley)

McDonalds/(Pine City)

McDonalds/(N. Branch)

McDonalds/(Forest Lake)

Brunswick/(Lakeville)

Other Location (Depending on Group Size) : _____

Amount Enclosed: _____

Will you be celebrating any special event?

Event: _____ Date: _____

Mail Deposit to:

ChmieBell Tours - 15972 Havelock Ct. - Apple Valley, MN 55124