

TOUR REGISTRATION FORM

California Dreamin'

September 2-9, 2010

1) Legal Name <i>(as it appears on your passport)</i> :		
Nickname <i>(for lists and name tags)</i> :	Citizenship:	
Date of Birth:		
Passport #:		
Issue Date:	Exp. Date:	
Address:		
City:	State:	Zip:
Telephone:		
Alternate Address <i>(if applicable)</i> :		
Email Address:		
Your Travel Club is <i>(please check all that apply)</i> :		
<input type="checkbox"/> Community Guaranty Savings Bank		
<input type="checkbox"/> Franklin Savings Bank		
<input type="checkbox"/> Meredith Village Savings Bank		
<input type="checkbox"/> Northway Bank		
<input type="checkbox"/> Woodsville Guaranty Savings Bank		
<input type="checkbox"/> Other _____		
Preferred Departure Point <i>(NOT all departure points are offered on every tour – please check your preference)</i> :		
<input type="checkbox"/> St. Johnsbury, VT		
<input type="checkbox"/> Woodsville		
<input type="checkbox"/> Littleton		
<input type="checkbox"/> Plymouth		
<input type="checkbox"/> Meredith		
<input type="checkbox"/> Tilton		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> My roommate is <i>(if not listed on back)</i> :		
<input type="checkbox"/> Please assign me a roommate		

Enclosed is my/our deposit for \$_____ (Please make checks payable to **Plymouth Travel**)

Please bill a deposit of \$_____ MC VI # _____ exp. _____

I/We have read and understand the General Information, Terms & Conditions and the Responsibility and Insurance Statement printed in the brochure.

Signature **X** _____

NOTES & COMMENTS

Please use this space to indicate any information that will help us to make your trip more enjoyable. Please note special medical conditions, celebrations, room requests, meal requests or other considerations that you wish to make us aware of.

Please return this form with payment to

Plymouth Travel Inc.
13A Town West Road
Plymouth, NH 03264

603-536-2403 • 1-800-682-0135 • Fax 603-536-4941 • info@plymouth-travel.com

2) Legal Name (as it appears on your passport):		
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