




Name: \_\_\_\_\_ Phone: \_\_\_\_\_

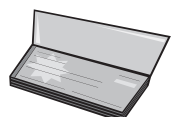
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tour Name: \_\_\_\_\_ Tour Date: \_\_\_\_\_

Email: \_\_\_\_\_ Departure Location: \_\_\_\_\_

*Please consult individual itineraries for departure locations.*

I/WE PREFER			
<b>SPECIAL NEEDS</b>  <input type="checkbox"/> Wheelchair accessible motorcoach  <input type="checkbox"/> Walking challenged  <input type="checkbox"/> Handicap room  <input type="checkbox"/> First floor rooming accommodations <small>(For health reasons, only if elevators are not available)</small>	<input type="checkbox"/> Single 1 Bed – 1 Person  <input type="checkbox"/> Double – Dbl/Queen 1 Bed – 2 People	<input type="checkbox"/> Double – Dbl/Queen 2 Beds – 2 People  <input type="checkbox"/> Triple/Quad – Dbl/Queen 2 Beds – 3 or 4 People	<input type="checkbox"/> Non-Smoking  <input type="checkbox"/> Smoking
	<b>Meal Choice(s):</b> _____ _____		
	<b>Special Requests:</b> _____ _____		
	_____		
	_____		

PAYMENT INFO	
<b>PAYING BY CHECK</b> <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Deposit <input type="checkbox"/> Full Payment   Please make checks payable to <b>Cyr Northstar Tours.</b> REMEMBER to send a <u>SEPARATE CHECK</u> For each trip	<b>PAYING BY CREDIT CARD</b>  <b>Charge to my:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex  <b>Amount Debited to card \$</b> _____ <input type="checkbox"/> Deposit <input type="checkbox"/> Full Payment <b>Card Number:</b> _____ <b>Exp. Date:</b> _____ <b>CVV:</b> _____ <b>Name on Card:</b> _____ <b>Signature:</b> _____

ROOMMATE/TRAVELING PARTNERS			
<i>If you have friends traveling with you, please include their names and addresses below.</i>			
<input type="checkbox"/>	Traveling with		
<input type="checkbox"/>	Roommate		
	Name	Address	City/State/Zip
	Name	Address	City/State/Zip
	Name	Address	City/State/Zip
	Name	Address	City/State/Zip
<input type="checkbox"/>	Adjoining Room - With Who: _____		

**Mail completed form and payment to: Cyr Northstar Tours • PO Box 368 • Old Town, ME 04468**