



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)				
<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"/> 2 DOUBLE BEDS <input type="checkbox"/> QUEEN <input type="checkbox"/> KING		<input type="checkbox"/> UPPER FLOOR <input type="checkbox"/> NEAR ELEVATOR <input type="checkbox"/> AWAY FROM ELEVATOR		
PASSENGER INFORMATION - First Name		Second Passenger Name (IF SAME HOUSEHOLD)		
Last Name				
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)	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

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