

RESERVATION FORM

Tour Name: _____ **Dates of Tour:** _____

Name: _____ **Departure City:** _____

Address, City, Zip: _____

Phone# _____ **Rooming with:** _____

Non-Smoking? _____ **AMOUNT ENCLOSED \$** _____

(Day Tours require payment in Full with reservations.

Multi-Day Tours require a \$100 deposit, with Balance due 30 days prior to Trip Departure)

For more information please contact **Mitchell** MOTORCOACH, LTD

500 Andre Street * Bay City, Michigan 48706 * Phone (989) 684-2400 * Fax (989) 684-1595
Website: www.mitchellmotorcoach.com * Email: MitchellBus1983@aol.com

