

BRANSON GROUP RESERVATION FORM

PLEASE ANSWER AND FILL OUT ALL INFORMATION

DATE OF YOUR BOOKING _____
NAME OF TOUR: Ozark Mountain Christmas in Branson
TOUR DATE: November 3-9, 2011

FULL NAME _____
As you wish for it to appear on your name tag

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

EMAIL _____

ROOMMATE (S) _____

SPECIAL OCCASION FOR THIS TRIP?: BIRTHDAY OR ANNIVERSARY _____

DEPOSIT AMOUNT: \$200 per person FINAL PAYMENT DUE: September 14,2011
Please refer to brochure as full amount may be due.

TRIP INSURANCE IS AVAILABLE FOR THIS TRIP AT A COST OF **\$69** PER PERSON AND IS **STRONGLY RECOMMENDED AND IS PAYABLE AT TIME OF BOOKING.**

BIRTH DATE _____ BIRTH DATE _____
BIRTH DATE _____ BIRTH DATE _____

DO YOU WISH TO HAVE TRIP CANCELLATION / INTERRUPTION INSURANCE? YES _____ NO _____

Travel Protection Waiver

Travel World of Crosby has recommended that I purchase travel protection insurance. I have been made aware of the cancellation - interruption and change fees associated with my trip, and I understand that if any unforeseen circumstance (including medical emergencies) should occur, I would not be covered. I have elected NOT to purchase any travel insurance.

Signature _____ Date _____

ACCOMMODATIONS DESIRED - CHECK ONE
SINGLE _____ DOUBLE _____ TRIPLE _____ QUAD _____

SPECIAL REQUESTS - CHECK YOUR REQUESTS
GROUND FLOOR NEEDED _____ *HANDICAP ROOM _____
NON SMOKING ROOM _____ SMOKING ROOM _____
ANY MEDICAL NEEDS OR DISABILITIES? _____

*If you need assistance you must have a roommate/traveling companion who will be capable of and responsible for helping and providing you with assistance.

DEPARTURE CITY: _____

SIGNED _____

MAIL THIS FORM WITH YOUR DEPOSIT - INSURANCE AMOUNT TO:

TRAVEL WORLD OF CROSBY

PO BOX 124

CROSBY, ND 58730

701-965-6232 OR 1-800-965-6232, travlwld@nccray.com

MAKE CHECKS PAYABLE TO: TRAVEL WORLD OF CROSBY