

## Group Travel Booking

AKKIVAL			
Date month day ye.	Time	AM □ PM Length of s	stay
monar day yo			
CONTACT INFORMA	ATION		
Motorcoach Company			
Tour Company			
Contact Person			
Number of Guests Expected _		Group Name	
Mailing Address			
 Street			
City/Town		State/Province Country	ZIP/Postal Code
Phone	Fax	Email Address	
☐ Email confirmation upon re	quest		
ADDITIONAL INFOR	RMATION		
What are your plans, what's o	n your itinerary?		
	dlemaking demos at 1	1:30am, 1:30pm and 3:30pm	
Wax Works  ☐ Make a Wax Hand st	arting at \$8 per person		
☐ Dip Your Own Taper		rson	
☐ Make Your Own Jar			
☐ Receive information from	m Chandler's Restaura	nt/Chandler's Café regarding dining and to-	go options
COMMENTS			
How did you hear about us?			

Fill each field of this form and then press the submit button. If you prefer, you may print out this form and submit it to our fax # 413-665-2491.

