

REGISTRATION FORM FOR THE MAGIC OF THE ALPS TRIPS

I WISH TO JOIN THE FOLLOWING TRIP(S):

Destination(s): 1. _____ 2. _____

Name: _____ Mr./Mrs./Ms.

Address: _____

Street

Telephone: _____ City _____ State _____ Zip _____

Home _____ Business _____ Cell _____

Deposit: _____ \$500 per person: \$ _____ Age: _____ E-mail: _____

Accommodations Required:

TWIN: (sharing with) _____

SINGLE: _____ (If available, at a supplement)

Please make check/money order payable to: Alpine Travel • P.O. Box 1477 • Newburyport, MA 01950

I have read the MAGIC OF THE ALPS Brochure and agree to its conditions.

Date: _____ Signature: _____

Eff. 2016



Fred Jacobson

ALPINE TRAILS