

All-Star Motor Coach Travel

Date of Trip _____ Please PRINT Clearly!

Legal Name w/middle initial _____

Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Telephone (with area code) _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Rooming with? _____

Email Address _____

Pick up Point (Circle One) Covenant Hospital-Saginaw K-Mart-Clio K-Mart-Fenton

Single - Double - Triple - Quad Smoking or Nonsmoking Room (circle one) - 2 beds or 1 bed (circle one)

Special dietary needs or medical conditions? Yes or No - Do you need any special assistance?

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Form of Payment...Cash - Check - Visa - Master Card - Discover - American Express

Card Number _____

Expiration Date _____

Name as it appears on card _____

Cardholder's Signature _____

Please send the completed reservation form along with your full payment to:

**All-Star Motor Coach
5386 Kelly Road - Flint, MI 48504
OR Fax to 810-230-7992**