New England Coach

17 Freetown Rd, Raymond, NH 03077 603-895-3000

Niagara Falls, Canada 2026 Signup Sheet

Please Print

Sign up Date: _____

Full Legal Name: Last: _____First: _____Middle: _____

Date of Birth: ____/_____/_____ Phone Number: home_____ cell _____

Address: _____

_____

Email address: _____

Emergency contact: (Not traveling with you)

Name: _____ Phone Number: _____ Relation: _____

Rooming with: _____

Room type preference: ____One Bed _____ Two Beds (one bed is a request and not guaranteed)

Medical:

C Pap ____Oxygen: _____ Dietary: _____ Mobility: _____

Other Requests: _____

We highly recommend travel insurance. Ask us for details. Insurance must be purchased within two weeks of your initial sign up for this tour. Will you be purchasing insurance? Yes ____No____

Which form of ID will you bring: ____ Passport* _____ Passport Card* _____

Passport Information*: # _____Issue Date: ____/____/____Expiration Date: ___/___/____

*Passport MUST be a passport book or a passport card & MUST not expire within 6 months of the trip departure date.
*Your legal name must match your passport or passport card.

By signing below, you agree to and understand our policies as stated on the flyer and on our website.

Signature: _____

For Office Use Only: Date received: _____ Processed by: _____ ID choice received _____