

The Adventure begins here!
APPLICATION FOR A BEACH TOUR
Each applicant must submit an individual form.

Name - Mr./Mrs./Ms./Dr.: _____

Street Address: _____ City: _____

State / Province: _____ Zip / Post Code: _____ Country: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ E-mail: _____

Tour - please check your choice and list **tour date and year**

Island Interlude _____

Fall Frolic _____

Italian Idyll _____

Adriatic Amble _____

Classic Alpine Adventure _____

Maori Meander _____

Alpine Adventure West _____

Other _____

Dolomite Domination _____

If you are a rider, do you plan to use: *(check one)*

One of Beach's motorcycles Your own motorcycle A rental automobile

If a passenger, with whom will you ride? _____

Where did you learn of our tours? _____

Single Room (additional cost) Double/Twin Roommate: _____

Birthdate: _____ Wedding date: _____

Please print your name as you want it on a nametag: _____

In the event of accident or illness, contact: **(Please list someone other than your rider or passenger!)**

Name: _____ Relationship: _____

Street Address: _____ City: _____

State / Province: _____ Zip: _____ Country: _____

Home phone: _____ Cell Phone: _____

*Please complete this application and return it with a deposit of \$500 per person. Mail to:
Beach's Motorcycle Adventures, Ltd., 2763 West River Rd., Grand Island, NY 14072-2053 USA*