

Beach's Motorcycle Adventures, Ltd.

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: _____

Home Fax: _____ Office Fax: _____

Cell Phone: _____ E-mail: _____

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

Alpine Sampler _____ Island Interlude _____

Alpine Adventure West _____ Sicilian Sojourn _____

Classic Alpine Adventure _____ South African Saunter _____

Italian Idyll _____ Transylvanian Trek _____

Other (please include tour name / date _____)

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? _____

Do you have special diet requirements? Yes No (If yes, please elaborate.) _____

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

Birthdate: _____ Wedding date: _____

Please print the name as you want it on your 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