RESERVATION FORM/DCT/ South Florida/Walking/Xpress

QUEEN CITY TOUR

Queen City Tours®

Return with Full Payment					
Your Name:					
Your Group's Name:					75
Contact Person:				SINC	
Phone Number/Day: ()					
Phone Number/Night: ()				199 3	3
Mobile Number: ()					
Address:			-		
City:St./Province:			_		
Country:Zip/Postal Code:			-		
e-mail:					
Number in Your Group?			**	3.61	
What Service? QCT So. Fla Daily City Tour sm /Walk				M1a	M1a. Beach
Rate: Adult (13 – 61) \$25, Senior (62 +)	_ \$23, Child (5 – 12)	\$15. Add \$5 da	ay of tour.		
Pick-Up/Drop-Off Fee \$*I	assengers=\$	_			
Amt.Enclosed: \$	at Data.	/ A	V I	4-11-9	
What Day: Mo. Tu. We. Th. Fr. Sa. Su. What Hour(s)? 10:00 AM to 11:30 AM	2.00 DM to 2.20 DM	/AI	e You Interes	aed in?	
Note: Each tour lasts 1 ½ hours, 10:00 AM, 2:00 PM	2:00 PM to 3:30 PM _ // *5:00 PM: Manday _ 9		'3:00 PM t0 0	CM Sunday	
* Subject to availability	1, '5.00 FM. Monday – S	Saturday, and 2.0	0 FWI, 5.00 I	TVI Sullday	
Pick up point: Hotel Name:	Hotel Address:				
Hotel City: Hotel Phone #:	or Down	town			
Best Time To Call You?AM / PM	, ог воши И			,	
Signature (SEAL):					
(I have read and agree to all terms listed below)					
Make checks payable to:					
Queen City Tours®					
704-566-0104					
http://www.queencitytours.com/southflorida/Se	rvices-Individuals.sou	<u>thflorida.htm</u>			
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Terms: Full payment must be received before Tour. Tours are b					
your guide. A \$35 charge will be added to all returned checks an Tours® will not be responsible for negligence on the part of clien	<u>a cnarge backs</u> . A <i>5% service f</i> ts. customers. contractors. or ve	ee will be added to all endors. The losing par	i debii/credii card tv in anv legal ad	tion arising out of	f this agreement will be
responsible for the reasonable attorney fees and court costs incur	red by the prevailing party. Ver	ue shall be Miami Da	ade County, or B	roward County, or	Monroe County. Laws
shall be interpreted as that of Florida. Queen City Tours® will not					
fee of \$250 will be charged for excessive vehicle clean ups. Above the courts all other parts will remain enforceable. By signing about					eemed unenforceable by
the courts air other parts with remain emorecable. By signing abo	ve and/or making payment, you	agree to an terms us	ica on una form.		
If paying by Credit Card: Complete and e	e-mail the completed	form to reserv	ations@qu	eencitytours	.com.
(Your card will not be charged if seats are r					
PLEASE PRINT CLEARLY! We no lon				i uy i ui oi (Joogie Checkoui
			rus:		
Name as it appears on credit card:					
Card Type: M/C, Visa, Discover; Expiratio	n Date:	. /	_ [2 digit ye	ear, e.g. "19 ⁸	" for 2019]
Card Number:	-				
Card Security Code: [Last	3 digits on back of c	eard or 4 digits	on front of	cardl	
Card Billing/Statement Address:Billing City:Billing State/Province:			Country		
Day Time Dhane Manifers (ining State/F10ville.		Country		
Day Time Phone Number: ()					
E-mail Address:					

Note: We do not sell your e-mail address! Your confirmation will be sent within 1-7 days via e-mail.