

- DB
- WPC
- MYOB

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: _____ Country: _____

Home Phone: _____ Office Phone: _____

Home Fax: _____ Office Fax: _____

Cell Phone: _____ E-mail: _____

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

Classic Alpine Adventure _____ Alpine Adventure East _____

Italian Idyll _____ Alpine Adventure West _____

Corsican Caper _____ Custom Tour _____

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? _____

Have you taken any riding or safety courses? _____ Describe, please. _____

Do you have special diet requirements? _____

Would you like a single room (at additional cost)? _____ Are you a smoker? _____

Birthdate: _____ Wedding Date: _____

Please print your name as you want it on your name tag: _____

In the event of illness, contact:

Name: _____ Relationship: _____

Street Address: _____ City: _____

State / Province: _____ Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____

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