

SEND YOUR CHECK FOR YOUR RESERVATION TO: Caren's Charters, Inc.,
3540 W. 194th Street, Stilwell, KS 66085-9412

Trip Name: _____ Date(s): _____

Name(s): _____ Phone: _____

Address—Street: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Will you be celebrating a birthday or anniversary? Yes or No (circle one)

Medical or dietary
concerns: _____

Preferred pickup point—please check your preference (actual pickup point is
chosen dependent upon # of passengers)

_____ KCKS Community College, Kansas City, KS

_____ 9100 Park St (Lakeview Village), Lenexa, KS

_____ 1200 Main (Grandview City Hall), Grandview, MO

_____ I35th St & Mission Rd, Leawood, KS

_____ Willow Creek Apts, 100th Ter & Wornall Rd, Kansas City, MO

_____ Holiday Inn, I-70 & George Brett Cutoff, Kansas City, MO

\$ _____ . _____ Deposit enclosed per person

\$ _____ . _____ Insurance is per person (overnight trips ONLY). Are you
taking travel insurance? Yes or No (circle one)

For maximum coverage, insurance premium must be paid with the initial
deposit and is non-refundable.

\$ _____ . _____ TOTAL amount enclosed