

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**

Adriatic Amble \_\_\_\_\_  Island Interlude \_\_\_\_\_

Trail of the Trolls \_\_\_\_\_  Sicilian Sojourn \_\_\_\_\_

Swiss Splendor \_\_\_\_\_  Transylvanian Trek \_\_\_\_\_

Classic Alpine Adventure \_\_\_\_\_  Other \_\_\_\_\_

Alpine Apogee \_\_\_\_\_

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*