



FAMILY FUN DAY 2014

Fax to: (617) 298-7349

E-mail to: PROCESS@KIQTOURS.COM

Mail to: KIQ Tours 113 Mattapan St. Mattapan, MA 02126

Trip: Six Flags

Primary Traveler/Group Leader Name: _____

NAME _____ TEL #: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

Guest #2 _____ Guest #3 _____

Guest #4 _____ Guest #5 _____

PACKAGE OPTION: \$50 Bus Only \$85 Park/Bus Package **DEPARTURE CITY:** _____

CANCELLATION TERMS: Deposit/Payment Non-Refundable

(Select Payment Plan Option)

Automatic Payment Plan

Standard Payment Plan

PARK/BUS PACKAGE:

DEPOSIT/PAYMENT \$ _____ x _____ = \$ _____ FULL PAYMENT: \$85 x _____ = \$ _____

BUS ONLY PACKAGE:

DEPOSIT/PAYMENT \$25 x _____ = \$ _____ FULL PAYMENT: \$50 x _____ = \$ _____

CHECK PAYMENT: (Make payable to KIQ Tours)

BANK NAME _____ CHECK# _____ CHECK AMOUNT \$ _____

ROUTING#: _____ ACCOUNT# _____

CREDIT CARD PAYMENT: (Credit card payments will be charge a 5% transaction fee)

ACCOUNT# _____ EXP DATE _____

3/4 DIGIT CID# _____ AMOUNT TO PROCESS \$ _____

I hereby authorize KIQ Tours to charge the above amount against my account. Furthermore I understand that all deposits and payments are non-refundable. All reservations not completed on or by final payment date shall be subject to automatic cancellation with loss of all payments.

Signature: _____ Date: _____

(Revised 6-29-14)