

EVERGLADES NATIONAL PARK BOAT TOURS, INC.

10,000 ISLAND Group Tour RESERVATION FORM

Please, print it and fax it at this fax number: **239-695-2553**

boattours@enpbt.com

Full Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ ZIP: _____

Email: (Very Important. Please spell and write correctly with Capital Letters)

Telephone: _____

Fax: _____

Tour :

_____ Ten Thousand Island Group Tour

Adults: _____ Children: (ages 5-12) _____

Children 4 and Under (We need the head count): _____

PLEASE NOTE THAT FOR MANGROVE WILDERNESS TOUR, NO REFUNDS.

I, am authorizing Everglades National Park Boat Tours, Inc. to charge my credit card below:

MC _____ VISA _____ AM EXP _____ DISC _____

Credit Card Number: (Please be accurate if CC Number incorrect Reservation will not be valid)

_____ EXP DATE _____

PRINT NAME:

SIGNATURE: (Required)
