



Group Name: _____

Group # _____ Room # _____

1 _____

2 _____

3 _____

4 _____

Special Needs: _____

Group # _____ Room # _____

1 _____

2 _____

3 _____

4 _____

Special Needs: _____

Group # _____ Room # _____

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Special Needs: _____

Group # _____ Room # _____

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Group # _____ Room # _____

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2 _____

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4 _____

Special Needs: _____

Group # _____ Room # _____

1 _____

2 _____

3 _____

4 _____

Special Needs: _____

Please complete and fax, mail, or email this form to

GLOBAL TRAVEL ALLIANCE

1645 Parkhill, Suite 1

Billings, MT 59102

Fax: 866-286-4881