

MOTORCOACH VISIT FORM

Thanks for choosing to visit the Kennebunks! Please let us know when you'll be here, so we can make sure you're greeted, assisted with parking and receive special discounts for your passengers.

NOTIFICATION DATE:				
REPRESENTATIVE:	E-MAIL:			
COMPANY NAME:	TEL	TELEPHONE NUMBER:		
ADDRESS:				
Number of drivers/guides:				
TRAVEL DATE(S):				
/ ARRIVALS :	AM/PM	DEPARTURES	:	AM/PM
Number of passengers anticipated:				
/ARRIVALS:	AM/PM	DEPARTURES	:	AM/PM
Number of passengers anticipated:				
/ /ARRIVALS:	AM/PM	DEPARTURES	:	AM/PM
Number of passengers anticipated:				
/ /ARRIVALS:	AM/PM	DEPARTURES	:	AM/PM
Number of passengers anticipated:				
(please attach additional sheets if necessary)				
If you need to change the above dates, arriva	ls or departure	s, please contact u	s as soon as pos	ssible prior to your arrival.

Kennebunk Kennebunkport Arundel Chamber of Commerce

P.O. Box 740	PHONE:	FAX:	EMAIL:
Kennebunk ME 04043	207-967-0857	207-967-2867	members@gokennebunks.com
www.gokennebunks.com			