



**CELEBRATION OF LIGHTS 2011
RESERVATIONS for TRAIN RIDES**

Name _____

Address _____

City _____ State _____ Zip _____

Daytime phone Number (____) _____ Evening Number(____) _____

Email Address _____

Train Rides are on Monday's only

Select Date (check one):

November 28

December 5

December 12

December 19

December 26

Select Ride Time (check one):

6:15 p.m.

6:45 p.m.

7:15 p.m.

7:45 p.m.

____ Number of Adult (ages 12 & up) x \$7 each = _____

____ Number of Children (ages 1 to 11 years) x \$5 each = _____

____ Number of Infants (ages 0 to 11 months) = No Charge

Total amount enclosed for Train Rides =\$ _____

Make Checks Payable to: City of O'Fallon

Mail completed form and check to:

City of O'Fallon

Attn: COL Train Ride

100 N. Main

O'Fallon, MO 63366

To pay by Credit Card, complete information and mail to the above address or fax to 636.379.5484

Visa or MasterCard (**Circle one**) Card # _____

Expiration Date ____/____

Name Printed on Card _____ Signature _____