

Net Wholesale Group Tour Rates / Restaurants

ATTRACTION/EVENT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT/TITLE: _____ WEBSITE: _____

IN SEASON: PHONE: _____ FAX: _____ EMAIL: _____

OFF SEASON: PHONE: _____ FAX: _____ EMAIL: _____

The Maine Tour Connection (TMTC) is a full service, year round, wholesale tour operator selling and marketing your product in New England and Eastern Canada group tour packages. The Maine Tour Connection requests non-commissionable wholesale rate to deliver group business to you.

■ **Season dates and hours of operation:**

Season Dates:	Hours for Group Meals:
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- **Breakfast Menu** - pp, including tax/gratuity:
Breakfast Hours: service from _____ to _____
ADULT - Deluxe Continental: \$ _____
Full Plated: \$ _____ Menu Includes: _____
Buffet: \$ _____ Menu Includes: _____

- **Pre-selected Dinner Menu** - pp, including tax/gratuity:
Dinner Hours: service from _____ to _____
ADULT - Full Plated: \$ _____ Buffet: \$ _____
Lobster Choice: \$ _____
* Attach included menu and beverage choices

- **Luncheon Menu** - pp, including tax/gratuity:
Lunch Hours: service from _____ to _____
ADULT - Full Plated: \$ _____ Buffet: \$ _____
 Attach included menu and beverage choices

- Gluten-Free Meal:** _____
- Vegetarian Meal:** _____

Meal choice breakdown to be submitted _____ number of days prior.

Guests may order off limited menu upon arrival when billed to TMTC (attach 3-5 meal selections): Yes No

Guests may order off menu and pay individually Yes No

Please forward hotel/Inn brochure, applicable menus, directions and coach parking instructions, as well JPG image(s) for TMTC use.

- TMTC groups average 30-50 guests per coach.
- TMTC will reconfirm meal selections, counts, and times, at least 7 days prior to arrival.
- TMTC will call in individual choices of entrees by noon one day prior.
- TMTC requires two comp meals per group.
- TMTC requests 3rd comp when our guide accompanies group (occasionally).
- TMTC requests direct billing privileges. (Credit references furnished upon request.)

Please advise if alternative payment is needed, due date/amount: _____ / _____

I agree to provide TMTC with the above rates and services thru 12/31/2021. Please sign and return a copy to TMTC and retain a copy for your records.

Signature/Title _____ Date _____

