TRI-STATE TRAVEL

EASTERN STAR/WILD WILD WEST
JUNE 12-18, 2027
RESERVATION FORM

NAME:

First:_____

Last: _____

ADDRESS _____

CITY, STATE, ZIP_____

PHONE # _____**CELL PHONE #** _____

E-MAIL ADDRESS _____

DATE OF BIRTH: _____

TRAVELING WITH: _____

BED CONFIGURATION (please check one):

_____**ONE BED**_____**TWO BEDS** _____**HANDICAP ROOM**

SPECIAL NEEDS/DIETARY REQUIREMENTS _____

_____

Insurance Accepted _____**Insurance Declined** _____

The Insurance Premium is non-refundable unless the entire tour is cancelled. If the insurance is accepted please fill out the insurance form, sign and return with your payment. Make a separate check for the insurance made payable to Tri-State Travel.

_____
Signature

Reference #128580