

WENDT TOURING REGISTRATION FORM

TOUR NAME: LANCASTER COUNTY, PA...(LANC1-19)
PRESENTED BY: CHEEKTOWAGA SENIOR TRAVEL
TOUR DATES: NOVEMBER 7-9, 2019

****Please print clearly & complete one form per person****

NAME _____

How do you wish to be addressed on the name tag? _____

EMAIL _____

MAILING ADDRESS _____
Street

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL** _____

Name of roommate (if applicable): _____

SPECIAL REQUESTS

(i.e., dietary restrictions)

TRIP INSURANCE Yes/No Amount _____ Check # _____

(Please circle one. If 'yes,' insurance must be paid with initial deposit)

DEPOSIT Amount _____ Check # _____

(Deposit and insurance can be paid together with the same check)