

WENDT TOURING REGISTRATION FORM

TOUR NAME: NEW YORK, NEW YORK ON JULY 4TH

PRESENTED BY: CHEEKTOWAGA SENIOR TRAVEL

TOUR DATES: JULY 3-6, 2019 NYC1-19

Please print clearly & complete one form per person				
NAME				
EMAIL				
MAILING ADDI		Street		
CITY				ZIP
HOME PHONE		CELL		
Name of roommate (if applicable):				
SPECIAL REQ	UESTS			
_		(i.e., dietary, m	obility rest	trictions)
Important: Please attach a copy of Government issued ID (Drivers License or Passport) You will need to present the actual ID at West Point Military Academy.				
DEPOSIT:	Amount	Check #		
(Deposit and insurance can be paid together with the same check)				
TRIP INSURAN	CE: Yes/No	Amount	Che	ck #
(Please circle one. If 'yes,' insurance must be paid with initial deposit)				

We accept credit card payments (with a 3% surcharge) over the phone. (740-282-5790 or toll free 877-565-8687)