WENDT TOURING, INC. REGISTRATION FORM

TOUR NAME: **AMISH DELIGHTS & CLEVELAND SIGHTS…(AM-OH1-16)**
PRESENTED BY: **CHEEKTOWAGA SENIOR TRAVEL**
TOUR DATES: **OCTOBER 17-19, 2016**

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

NAME_____

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

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 and if 'yes' insurance **must be paid with initial deposit**)

DEPOSIT **Amount** _____ **Check #** _____
(Deposit and insurance can be paid together with the same check)

Payment Policy: A $50.00 per person deposit is due to secure your reservation with the balance due by August 25, 2016. Make checks payable to *Cheektowaga Seniors* and mail to: 3349 Broadway Avenue, Cheektowaga, NY 14227 – Phone: 716-686-3930.
Refund Policy: Full refund on cancellations made by August 25, 2016. Optional trip cancellation insurance is available for $34.00 per person. **Insurance premium is due with initial trip deposit.**