

WENDT TOURING, INC. REGISTRATION FORM

TOUR NAME: LANCASTER COUNTY, PA...(LANC1-18)

PRESENTED BY: CHEEKTOWAGA SENIOR TRAVEL

TOUR DATES: JUNE 5-7, 2018

****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)