

# WENDT TOURING, INC. REGISTRATION FORM

**TOUR NAME:** PHILADELPHIA & LANCASTER...(LANC1-17)

**PRESENTED BY:** CHEEKTOWAGA SENIOR TRAVEL

**TOUR DATES:** JUNE 6-8, 2017

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

**DEPOSIT** Amount \_\_\_\_\_ Check # \_\_\_\_\_

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