

**FARM BUREAU  
ICELAND  
SEPTEMBER 23-28, 2018**

**NAME as it appears on your passport (attach a copy of your passport):**

**First:** \_\_\_\_\_

**Middle:** \_\_\_\_\_

**Last:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**NAME TAG IF DIFFERENT THAN ABOVE:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ROOMING WITH:** \_\_\_\_\_

**SPECIAL NEEDS/DIETARY REQUIREMENTS** \_\_\_\_\_

**Insurance Accepted** \_\_\_\_\_ **Insurance Declined** \_\_\_\_\_

**The Insurance Premium is non-refundable unless the entire tour is cancelled. Please fill out the insurance form, sign and return with your payment. Make a separate check for the insurance made payable to Tri-State Travel.**

\_\_\_\_\_  
**Signature**

**Tour deposit is \$750.00 per person.**

**Reference: #114285**