

**FARM BUREAU  
SAN ANTONIO, TEXAS  
MARCH 17-26, 2017  
RESERVATION FORM**

**NAME:**

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

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

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

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

**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.**

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**Signature**

**Tour deposit is \$250.00 per person.**

**Reference: #113485**