



**NYSUT Retiree Councils 7 & 8**  
**2017 NYSUT SPONSORED TOURS**

**Ottawa Tulip Festival May 14-15, 2017 (2 Days/ 1 Night)**  
**Alexandria Bay & Clayton NY – July 26, 2017 (Day Tour)**  
**Baltimore – Annapolis MD Tour – September 12-15, 2017 (4 days/3**  
**nights)**

Join us on any/all of the above tours. Pricing is available through Bella Tours & Travel Inc. – phone# - 315-652-0121 and will be advertised in the NYSUT Retiree Newsletter with hand-outs available at monthly luncheons. A deposit for each tour is required to reserve your seat(s). A letter with your balance due, final itinerary, luggage tags (for overnights) and meal choices will be mailed directly to you two to three weeks prior to each tour.

---

**NYSUT RETIREE COUNCIL 7 & 8 RESERVATION FORM**

Please complete the following form and return to  
 Bella Tours and Travel Inc. 305 Vine Street, Suite 9, Liverpool, NY 13088  
 Phone# 315-652-0121 Fax# 315-299-4733 email: bellatours@hotmail.com

**PLEASE COMPLETE THIS FORM FOR EACH TRAVELER PARTICIPATING IN THE TOUR**

Trip Date/  
 Destination \_\_\_\_\_

Travelers  
 Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Who are you be rooming with? \_\_\_\_\_ Optional Cancellation Insurance? Yes \_\_\_\_\_  
 No \_\_\_\_\_ (Insurance is \$10 per person for day tours, \$30 per person for multi-day tours up to 4 days and \$100 per person for trips 5 days or more – additional info available at Bella Tours)

Method of payment Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card \_\_\_\_\_ (call cc info into Bella) Money Order \_\_\_\_\_

Please make checks payable to Bella Tours and Travel Inc. (There will be a \$20 fee for any returned checks)

- Please indicate any limitations : Cane \_\_\_\_\_ Walker \_\_\_\_\_ Wheelchair \_\_\_\_\_

- Please carry a list of any medications to include any allergies with you, while on tour
- Should you have any dietary restrictions, please let us know when registering for your tour so we can accommodate your special needs. **\*\*\*\*If not disclosed at registration, travelers will be responsible for any additional costs incurred to change their meal choice at any of the venues.**

**Please submit this form with your deposit (if opted, trip insurance due at time of deposit)**