

TRI-STATE TRAVEL

FARM BUREAU

AUSTRALIA/NEW ZEALAND AND FIGI

FEBRUARY 23-MARCH 12, 2026

RESERVATION FORM

NAME (as it appears on passport – ATTACH A COPY OF YOUR PASSPORT):

First: _____ Middle: _____

Last: _____

Passport #: _____ Country of Issue: _____

Passport: Issue Date _____ Expiration Date _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE # _____ CELL # _____

DATE OF BIRTH: _____ GENDER _____

ROOMING WITH: _____

ROOM CONFIGURATION: _____

(example twin beds or queen bed)

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

Reference #126183