

**FARM BUREAU
PENNSYLVANIA AMISH COUNTRY
SEPTEMBER 11-16, 2022
RESERVATION FORM**

NAME:

First: _____

Last: _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____ **CELL PHONE #** _____

DATE OF BIRTH: _____

TRAVELING WITH: _____

SPECIAL NEEDS/DIETARY REQUIREMENTS _____

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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 #120763

PLEASE READ AND SIGN THE RELEASE AND WAIVER OF LIABILITY ON THE REVERSE SIDE OF THIS FORM