

FARM BUREAU  
ALASKA LAND PACKAGE  
AUGUST 29-SEPTEMBER 7, 2020  
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 \_\_\_\_\_

NAME TAG NAME \_\_\_\_\_  
(if different than the name above)

ADDRESS \_\_\_\_\_

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

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER \_\_\_\_\_

ROOMING 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.

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Signature \_\_\_\_\_

Reference #117329