



TRI-STATE TRAVEL

FARM BUREAU

CALAGARY STAMPEDE July 3-9, 2024

Please fill out and return with your \$750.00 per person tour deposit. Thank you!!

NAME:

(AS IT APPEARS ON YOUR PASSPORT/ATTACH A COPY OF YOUR PASSPORT):

First: _____

Middle: _____

Last: _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____ **CELL PHONE #** _____

DATE OF BIRTH: _____

TRAVELING 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.

Signature

Tour #123318