

RESERVATION FORM

Wings and Rails International Expeditions, P.O. Box 842, Independence, KY. 41051-0842

Name of Tour _____ Departure Date _____

Name (as it is shown in passport) _____

Address _____

City _____ State _____ Zip code _____ Country _____

Day Phone (____) _____ Evening Phone (____) _____

Fax phone (____) _____ Email _____

In case of emergency notify _____ Phone _____

ACCOMODATIONS (Circle all that applies)

Non-Smoking room _____ Smoking room _____ Roommate _____

We will assign a roommate YES NO Do you want a single room supplement YES NO

PASSPORT & ADDITIONAL PERSONAL DATA

Date of Birth _____ City & Place of Birth _____

Nationality _____ Occupation _____

Passport _____ Date issued _____ Place _____

Expiration date _____

Visa (if applicable) _____ Issued _____

Travel Insurance Co. _____ Policy Number _____ Phone _____

PAYMENTS

Personal check, money order, wire transfer drawn on US bank. Final payment for all tours is due 100 days before the start of the tour. Final balance due 100 days before the start of the tour unless we receive other instructions by mail, fax or email from you.

Check _____ Number _____ Bank _____

Money Order _____

Amount of Payment _____

This reservation form must be completed and signed before we confirm your reservation, then it must be mailed to address at top of this form or faxed it to (859)282-1459.