

RETURN RESERVATION FORM: S-STRAVEL.COM

TOUR NAME _____ TOUR DATE _____
 NAME _____ PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DEPOSIT \$ _____ enclosed for _____ people.
 CIRCLE ONE: VISA MASTERCARD DISCOVER EXP. DATE _____
 CARD# _____ SIGNATURE _____

Trip Insurance information is available upon request. You must circle one: Yes or No
 Please circle your Pick Up Location: Kendallville Auburn Ft. Wayne
 Circle room preference: Non-Smoking or Smoking

Names of people in room _____

Your Email Address: _____

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