

OUR RESERVATION FORM

Please fill this form out completely and return it with your deposit.

NOTE: All information will be kept confidential.

If you are under the age of 18 and not traveling with your parents, please indicate who your guardian will be. Consent forms may be necessary.

If there are any special situations that we should consider in making assignments, please indicate these on the bottom of this page. Single supplements are available if you are traveling alone.

The deposit is \$ 200.00 per person and your deposit will reserve your place on the tour. The reservations will be made on a first come first serve basis.

1. Name: _____ Telephone #: _____

Address: _____ Date of Birth: _____ Sex: M F

City: _____ State: _____ Zip: _____ Congregation: _____

2. Name: _____ Telephone #: _____

Address: _____ Date of Birth: _____ Sex: M F

City: _____ State: _____ Zip: _____ Congregation: _____

3. Name: _____ Telephone #: _____

Address: _____ Date of Birth: _____ Sex: M F

City: _____ State: _____ Zip: _____ Congregation: _____

4. Name: _____ Telephone #: _____

Address: _____ Date of Birth: _____ Sex: M F

City: _____ State: _____ Zip: _____ Congregation: _____

Do you have an e mail address? _____

Emergency name and telephone number: _____

Please indicate name and date of tour: _____

Before signing this document, please be aware that there will be a \$25.00 fee withheld from any refunds. Refunds will be at our discretion. These trip prices are based on a share of cost basis.

Deposit enclosed is \$ _____ Applicant signature: _____

We reserve the right to alter or change any trip at our discretion. Not responsible for errors or omissions

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Web site: www.cantwelltravel.com**