

Tour: Wonders Of Australia and New Zealand
Group Name: First State Bank Vista Club

Departure Date: March 5, 2020
Group Number: 87598



For Reservations Contact: Beth Hubbard 815 539-1526
Deb Hochstatter 815 539-1535
Bobbi Burke 815 562-2200 x 52044
Evon Long 309 663-6300 x 821

PAYMENT INFORMATION	Make Checks Payable To: <u>First State Bank Vista Club</u>	<input type="checkbox"/> Single	<input type="checkbox"/> Twin	<input type="checkbox"/> Guaranteed Share
	Mail Deposit To: <u>First State Bank Vista Club</u>	<input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds		
	<u>706 Washington Street</u>	Deposit Amount: \$ <u>250.00</u>		
	<u>Mendota, IL 61342</u>	Travel Protection Plan: \$ <u>349.00</u>		
	Mail Final Payment To: <u>Same</u>	Total Amount Enclosed: \$ _____		
	_____	Final Payment Due By: <u>December 5, 2019</u>		

	Credit Card #: _____ Exp. Date: _____			
	Cardholder Name & Billing Address:			

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

YOUR INFORMATION	Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____ <small>(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr)</small>
	Address: _____ City: _____ State: _____ Zip Code: _____
	Phone: _____ Cell: _____ Email Address: _____
	Passport Number: _____ Date of Issue: _____ Date of Expiration: _____
	Issue City, State, Country: _____ Citizenship: _____
	Date of Birth: _____ Place of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Emergency Contact: _____ Relationship: _____ Phone: _____

ROOMING WITH	Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____ <small>(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr)</small>
	Address: _____ City: _____ State: _____ Zip Code: _____
	Phone: _____ Cell: _____ Email Address: _____
	Passport Number: _____ Date of Issue: _____ Date of Expiration: _____
	Issue City, State, Country: _____ Citizenship: _____
	Date of Birth: _____ Place of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Emergency Contact: _____ Relationship: _____ Phone: _____

Please advise your departure airport for this tour: _____ Mayflower Air Writing Own Air