

TOUR RESERVATION FORM

Reservations cannot be processed without all information.

Name(s): _____
(all names must be listed - use separate sheet if necessary)

Street: _____

City: _____ St: _____ Zip: _____

Phone: () _____ Email address: _____

Cell Phone: () _____ (for emergencies only)

Tour Name: _____ Tour Date: _____

This is (circle one): New Reservation *or* Payment

Reservations Required: single double triple quad One Bed *or* Two Beds

Checks payable to : Lenzner Tour & Travel

Special Needs: _____

Send payment by Check, Money Order or Credit Card.

Amount Enclosed: \$ _____

Insurance payment: \$ _____ Travel Insurance*: YES NO

Total Enclosed: \$ _____

Credit Card Number: _____ Exp. Date: ____/____ CVV# _____

Signature: _____

Mail to:

Baldwin Library – 41 Macek Dr. Pittsburgh, PA - Attn: Nancy Musser

***Travel Insurance must be purchased at time of booking.**