

Zor Travels Ltd.

BRANSON OR BUST

8 - 13th October 2018

Name (Please Print): _____

Our Friends call Us: _____ & _____

Will Share Lodging with: _____ 1K or 2Q

Snail Mail Address: _____

_____ ZIP _____

Cell Number: _____

E-Mail Address: _____

Any Special Needs: _____

Trip Cost \$ _____

Single: \$1600; Double 2 adults \$2100; Triple 3 adults \$2800; Quad 4 adults \$3350

Optional: *Trip Insurance @ \$25 per Person* # _____ \$ _____

Total trip cost w/ Opt. Insurance \$ _____

Deposit Amount: (Min. \$100/person) \$ _____ by June 15, 2018

"Balance Due" on or before: \$ _____ by August 01, 2018

In Case of an Emergency:

Contact: _____ Relationship: _____

Contact Number: _____ C, _____

Contact: _____ Relationship: _____

Contact Number: _____ C, _____

Mail Completed Form & Deposit or full payment to:

2018 Potentate's Trip
c/o Bob Gorsuch/Oak Bank
5951 McKee Rd, Suite 100
Fitchburg, WI. 53719-5114