## Wendinger Travel ~ Captivating African Safari ~ September 14 – 25, 2025 RESERVATION FORM

Pay by credit of	eard:		Pay by check:	
Card Number:		Expiration Date:	Please make checks payable to:	
			INTERTRAV CORPORATION	
Billing Address	<b>:</b>	Amount to charge:		
			Payments made by credit card will incur	
Signature:			a 4% service fee.	
			J	
☐ Mr. ☐ Mrs.	☐ Ms.		∕lr. ☐ Mrs. ☐ Ms.	
PLEASE PRINT NAME IDENTICAL TO PASSPORT F			PLEASE PRINT NAME IDENTICAL TO PASSPORT	
DATE OF BIRT	гн	D	ATE OF BIRTH	
Address			Home Phone (Area Code)	
City State Zip Code			Cell Phone (Area Code)	
Email Address				
I will room with	(if other than spouse):			
	( <b></b>			
Name(s) of othe	er people with whom you	are traveling:		
Mhoolchair at a	irport and/or enocial diot	ary noods:		
wileelchall at a	irport and/or special diet	ary needs.		
☐ I do not hav	ve a roommate but will	share. If a roommat	e cannot be found, I will pay the single suppleme	
☐ I desire sin	gle accommodation (s	ubject to availability)	at the supplementary charge of \$1,090.	
		,		
	PLEASE MAIL	то:		
	Wendinger Travel		Telephone: 507/359-3111	

PLEASE ENCLOSE A COPY OF THE PHOTO PAGE OF YOUR PASSPORT

New Ulm, MN 56073