

Wendinger Travel ~ Magical Christmas Markets

December 3 - 11, 2026

RESERVATION FORM

Please reserve _____ places for me/us on the **Wendinger Travel Magical Christmas Markets**.
Enclosed is my/our check in the amount of \$ _____ (\$500 deposit per person).

IMPORTANT: Please contact Wendinger Travel for information regarding Travel Protection.

Pay by credit card:

Card Number:	Expiration Date:
Billing Address:	Amount to charge:
Signature:	

Pay by check:

Please make checks payable to:
INTERTRAV CORPORATION

Payments made by credit card will incur a 4% service fee.

Mr. Mrs. Ms.

Mr. Mrs. Ms.

PLEASE PRINT NAME IDENTICAL TO PASSPORT

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DATE OF BIRTH _____

DATE 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): _____

Name(s) of other people with whom you are traveling: _____

Wheelchair at airport and/or special dietary needs: _____

I do not have a roommate but will share. If a roommate cannot be found, I will pay the single supplement.

I desire single accommodation (subject to availability) at the supplementary charge of \$340

PLEASE MAIL TO:

Wendinger Travel
P.O. Box 386
New Ulm, MN 56073

Telephone: 507/359-3111

PLEASE ENCLOSE A COPY OF THE INFORMATION PAGE OF YOUR PASSPORT