

**WENDINGER TRAVEL  
RESERVATION APPLICATION**

***Dreaming of the Hawaiian Islands ~ February 2 – 11, 2026***

Please return to:                      Wendinger Travel                      Telephone: 507/359-3111  
   P.O. Box 386                      Email: info@wendingertravel.com  
   New Ulm, MN 56073

Please reserve \_\_\_\_\_ places for me/us on the ***Dreaming of the Hawaiian Islands*** vacation.  
Enclosed is my/our check in the amount of \$ \_\_\_\_\_ (\$500 per person).

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

Please make checks payable to: **INTERTRAV CORPORATION**

**Payments can be made by credit card; however, a 4% surcharge applies on all transactions.**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to Be Charged: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ Mr.   ☐ Mrs.   ☐ Ms. \_\_\_\_\_  
(PRINT FULL NAME - IDENTICAL TO PASSPORT)

**Date of birth:** \_\_\_\_\_

☐ Mr.   ☐ Mrs.   ☐ Ms. \_\_\_\_\_  
(PRINT FULL NAME - IDENTICAL TO PASSPORT)

**Date of birth:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
   Area Code                      Home                      Area Code                      Cell

E-mail: \_\_\_\_\_

I will room with (if other than spouse): \_\_\_\_\_

Name(s) of other passengers you are traveling with: \_\_\_\_\_

Wheelchair at airport and/or special dietary needs: \_\_\_\_\_

☐ I desire single room accommodation (subject to availability) at the supplementary charge of \$1,090.

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

**PLEASE ENCLOSE A COPY OF YOUR REAL ID OR THE INFORMATION PAGE OF YOUR  
PASSPORT - WHICHEVER YOU WILL USE FOR TRAVEL**