

# TOUR RESERVATION FORM

Northern Florida

February 21 - 27, 2026

Contact [crystal@wadetours.com](mailto:crystal@wadetours.com) or 518-355-4500, ext 15

Accommodations: Single Double Name of Roommate if paying separately: \_\_\_\_\_

Landmark  
Tours



## Traveler #1:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
PRINT FULL NAME (**EXACTLY** AS IT APPEARS ON REAL ID)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: ☐ Male ☐ Female Birthdate: \_\_\_\_\_  
(mm/dd/yyyy)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Indicate any health concerns, food allergies, or mobility issues that your Tour Manager should be aware of:

Passport Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Traveler #2:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
PRINT FULL NAME (**EXACTLY** AS IT APPEARS ON REAL ID)

Address: \_\_\_\_\_  
(Leave address blank if address is the same as traveling companion)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: ☐ Male ☐ Female Birthdate: \_\_\_\_\_  
(mm/dd/yyyy)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Indicate any health concerns, food allergies, or mobility issues that your Tour Manager should be aware of:

Passport Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Payment

\$300 **Tour Deposit per person**

+ \_\_\_\_\_ **Guest Protection Plan**  
\*Cost for GPP is \$395 per person

= \_\_\_\_\_ **Total Amount Enclosed**

Payments to:  
WADE TOURS, INC  
749 BURDECK ST  
SCHENECTADY, NY 12306

I have read the Landmark Tours catalog/brochure and I agree to and accept its  
Terms & Conditions, Refund and Cancellation Policy, and Exclusions.

Signature of Person Traveling #1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Person Traveling #2: \_\_\_\_\_

Date: \_\_\_\_\_