

TOUR RESERVATION FORM

Northern Florida
February 21 - 27, 2026

Contact crystal@wadetours.com or 518-355-4500, ext 15

Landmark
TOURS



Accommodations: Single Double Name of Roommate if paying separately: _____

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: _____