

TRI-STATE TRAVEL

EASTERN STAR/SAN ANTONIO, TEXAS

MAY 30-JUNE 6, 2026

RESERVATION FORM

NAME:

First: _____

Last: _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS _____

DATE OF BIRTH: _____

TRAVELING WITH: _____

BED CONFIGURATION (please check one):

_____ ONE BED _____ TWO BEDS _____ HANDICAP ROOM

SPECIAL NEEDS/DIETARY REQUIREMENTS _____

Insurance Accepted _____ Insurance Declined _____

The Insurance Premium is non-refundable unless the entire tour is cancelled. If the insurance is accepted please fill out the insurance form, sign and return with your payment. Make a separate check for the insurance made payable to Tri-State Travel.

Signature

Reference #127037

Send Reservation form and payment to:

Craig Bargfrede
5309 NW 10th Street
Ankeny, IA 50023

Questions -- contact Craig Bargfrede email: craig.bargfrede@gmail.com phone: 515-783-4875