Please complete the reservation form (one per person for tours including air) and return it to your FirstPartners Advisor or mail it along with your deposit to: First Dakota National Bank Attn: Fran Rietveld 1712 N Main St   PO Box 1306 Mitchell, SD 57301-7306 Phone: (605) 995-7910 (605) 770-3290 cell email: frietveld@firstdakota.com
Name of TourToday's Date:
PLEASE PRINT
Preferred Name(s):
Street Address:
City/State/Zip:
Phone number (with area code): Home:Cell
E-mail:
Birth date: Gender:MaleFemale
Your roommate's name, if applicable:
Please indicate your room/cabin preference: One Bed/type orTwo Beds/type
Do you have any food restrictions? (Diabetic, gluten free, etc)
Please note if your birthday or anniversary occur during the tour:
OccasionDate of celebration
IF THIS TRIP INVOLVES AIR OR INTERNATIONAL TRAVEL – COMPLETE THIS SECTION
Name " <b>EXACTLY</b> " as it appears on your identification: (A Passport is required for all travel outside of the U.S. – a current Driver's License is acceptable within the U.S.) Please send in copy of identification being used for flight.
Passport #: Issue Date: Expiration Date:   Passport must be valid for six months beyond the date of departure (month/day/year Ex: May 9, 2030)
Do you need wheel chair assistance in the airport?

Airline frequent flyer # / TSA# \_\_\_\_\_

## **CANCELLATION POLICY**

## This policy must be read and everyone must sign it before your tour reservation is accepted.

First Dakota National Bank recommends Trip Interruption and Cancellation Insurance for all participants. The insurance provides certain refund rights in the event you are unable to attend a FirstPartners Travel event due to medical emergency or other defined reasons. An insurance policy is provided and additional information regarding the insurance, its coverage, exclusions, and limitations is available upon request.

First Dakota National Bank reserves the right to take photographs of tour participants that may or may not be used in newsletters or FirstPartners and First Dakota Travel publications.

I agree First Dakota National Bank is not liable for any losses, financial or otherwise.

I am an independent traveler and can care for myself.

My emergency contact has a valid passport.

Signature:

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



FirstDakota.com/about/travel-with-us