



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](mailto:frietveld@firstdakota.com)

Name of Tour \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PLEASE PRINT**

Preferred Name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone number (with area code): Home: \_\_\_\_\_ Cell \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
(Month/day/year Ex: May 9, 1965)

Your roommate's name, if applicable: \_\_\_\_\_

Please indicate your room/cabin preference: \_\_\_\_\_ One Bed/type or \_\_\_\_\_ Two Beds/type

Do you have any food restrictions? (Diabetic, gluten free, etc) \_\_\_\_\_

Please note if your birthday or anniversary occur during the tour: \_\_\_\_\_

Occasion \_\_\_\_\_ Date of celebration \_\_\_\_\_

**IF THIS TRIP INVOLVES AIR OR INTERNATIONAL TRAVEL – COMPLETE THIS SECTION**

Name “**EXACTLY**” 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 ACCEPT the optional travel protection plan and have paid the premium.
- ☐ I DECLINE the optional travel protection plan and in doing so realize I may lose all or part of my trip payment if I have to cancel after the cancellation date noted on the trip flier. I also realize I will be 100% responsible for all expenses incurred due to cancelled or delayed flights; if I become sick, injured, or die while on the trip; or if I must leave the tour to return home. I will also not have coverage for lost or damaged luggage, additional lodging or meals if delayed or for any unused portion of the tour.
- ☐ I am an independent traveler and can care for myself.
- ☐ My emergency contact has a valid passport.

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

