

Reservation Form

Name _____

Mailing Address _____

City/State/Zip _____

Home Phone (____) _____ Business Phone (____) _____

E-mail _____

DOB ____/____/____ ___ male ___ female

I subscribe to Nature Photographer. ___ Yes ___ No

Occupation _____

Trip Name _____ Departure Date _____

Deposit \$ _____ Payment In Full \$ _____

PLEASE NOTE: Final payment, including the cost of full coverage travel insurance unless previously declined will be charged to your credit card at 120 days prior to departure. Should you prefer to pay by check you must indicate below .

___ I prefer to make the final payment by personal check.

___ I prefer a single room.

Check enclosed ___ Charge to my: VISA ___ MC ___ Discover ___ AMX ___

Card # _____ Exp. date _____

I/we have read and understood the web page entitled
Conditions & Responsibilities and agree to be bound by the
terms stated therein.

Signature _____ Date _____

**Reservations are accepted in the order received. Phone deposits with VISA,
MasterCard, and American Express are confirmed immediately.**

Weldon Lee's

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