

REGISTRATION FORM

Please complete and return this form to reserve your space on Upper Mississippi River October 3-11, 2025

Fill out and return reservation form in person or via mail.

375 N . Overland Avenue
 Burley, ID 83318
 Attention: Bonnie Zollinger
 Phone: 208-677-5215

TravelEx Travel Insurance
Strongly Recommended

PLEASE FILL OUT ONE FORM PER MAILING ADDRESS

AMERICAN CRUISE LINES PROGRAM SELECTIONS:

Stateroom Category: First choice _____ Second choice _____
 Bed Type: Single and triple accommodations are an additional cost, subject to availability.
 Twin (2 beds) Single Queen Triple

GUEST 1: Full Name (as it appears on your passport)

<input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	<input type="text" value="First"/>	<input type="text" value="M"/>	<input type="text" value="Last"/>
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
<input type="text" value="Preferred Name (for name badge)"/>		<input type="text" value="Birthdate (MM/DD/YYYY)"/>	
<input type="text" value="Email"/>			
<input type="text" value="Mailing Address"/>			
<input type="text" value="City"/>		<input type="text" value="State"/>	<input type="text" value="ZIP"/>
<input type="text" value="Main Phone"/>		<input type="text" value="Alternate Phone"/>	
<input type="text" value="Roommate's Name (if different than above)"/>		<input type="text" value="Special Request"/>	

GUEST 2: Full Name (as it appears on your passport)

<input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	<input type="text" value="First"/>	<input type="text" value="M"/>	<input type="text" value="Last"/>
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
<input type="text" value="Preferred Name (for name badge)"/>		<input type="text" value="Birthdate (MM/DD/YYYY)"/>	
<input type="text" value="Email"/>			
<input type="text" value="Mailing Address (If different than Guest 1)"/>			
<input type="text" value="City"/>		<input type="text" value="State"/>	<input type="text" value="ZIP"/>
<input type="text" value="Main Phone"/>		<input type="text" value="Alternate Phone"/>	
<input type="text" value="Roommate's Name (if different than above)"/>		<input type="text" value="Special Request"/>	

DEPOSIT: A deposit is required to pre-register for this sailing: \$500 per person for American Cruise Lines. Payment to be made to D.L. EVANS BANK. Signatures are required from each person traveling, including parent and guardian signatures for traveling minors. I have read, received a copy of, understand, and accept the terms and conditions stated in the Operator/Participant Agreement.

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____