

Tour: Charleston, Savannah and Jekyll Island

Departure Date: April 15, 2026



Group Name: DL Evans Bank

Group Number: 1064503

For Reservations Contact: DL Evans Bank

Today's Date: \_\_\_\_\_

Brecka Byers 208-327-7850

Amy Evans 208-327-5400

Bonnie Zollinger 208-677-5215

IMPORTANT: Please print your name EXACTLY as it appears on the government issued photo ID, REAL ID or Passport you will be using at the airport. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

**YOUR INFORMATION**

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Print your name EXACTLY as it appears on your REAL ID or PASSPORT) (Jr., Sr.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Global Entry/TSA #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please provide contact information of person not traveling with you.

**ROOMING WITH**

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Print your name EXACTLY as it appears on your REAL ID or PASSPORT) (Jr., Sr.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Global Entry/TSA #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: BOISE (BOI)  Mayflower Air  Writing Own Air

**PAYMENT INFORMATION**

Make Checks Payable To: DL Evans Bank

Mail Deposit To: Bonnie Zollinger - DL Evans Bank

PO Box 1188

Burley, ID 83318

Mail Final Payment To: \*Same as above\*

\*\*MC, VISA & DISC accepted\*\*

Credit Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name & Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Single  Twin  Guaranteed Share

One Bed  Two Beds

Purchasing Travelers Protection Plan:  
 Yes  No

Deposit Amount: \$200PP

Travel Protection Plan: \$349PP

Total Amount Enclosed: \$ \_\_\_\_\_

Final Payment Due By: Feb. 12, 2026