

2019

Customer Appreciation Vacation



**TRI-STATE WHOLESALE
FLOORING, INC.**



Riviera Maya, Mexico



Passenger Registration Form

Please fill out the passenger information for every person planning to attend the 2019 Customer Appreciation Vacation happily organized by Tri-State Wholesale Flooring, Inc. Please email the completed form to info@tsf.com or print and mail the form to **Tri-State Wholesale Flooring, PO Box 1841, Sioux Falls, SD 57101-1841**. If you have any questions, please call us at **605.336.3080** or toll-free at **1.800.353.3080**.

Preferred Dates: February 23 – March 2, 2019 (Sat. – Sat.) February 24 – March 3, 2019 (Sun. – Sun.)

** Alternate travel plans are available. Please contact us to schedule.*

Store Name: _____ *Passenger 1 will be primary contact for trip information.*

Passenger Information: Print name **EXACTLY AS IT APPEARS** on your **PASSPORT**, including your first, middle and last name.

Passenger 1: Male Female **Name:** _____
First Middle Last

Address: _____
Street Address City State Zip

Phone: _____ **Email:** _____

Date of Birth: _____ **Known Traveler No./Global Entry ID:** _____

Passport Number: _____ **Issue Date:** _____ **Expiration Date:** _____
** Must not expire before September 2, 2019.*

Frequent Flyer Number: _____ Delta American Airlines United Airlines

Airline Seat Preference: Window Aisle **Hotel Room Preference:** King Bed Double Queen Beds

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Passenger 2: Male Female **Name:** _____
First *Middle* *Last*

Address: _____
Street Address *City* *State* *Zip*

Phone: _____ **Email:** _____

Date of Birth: _____ **Known Traveler No./Global Entry ID:** _____

Passport Number: _____ **Issue Date:** _____ **Expiration Date:** _____
** Must not expire before September 2, 2019.*

Frequent Flyer Number: _____ Delta American Airlines United Airlines

Airline Seat Preference: Window Aisle **Hotel Room Preference:** King Bed Double Queen Beds

Passenger 3: Male Female **Name:** _____
First *Middle* *Last*

Address: _____
Street Address *City* *State* *Zip*

Phone: _____ **Email:** _____

Date of Birth: _____ **Known Traveler No./Global Entry ID:** _____

Passport Number: _____ **Issue Date:** _____ **Expiration Date:** _____
** Must not expire before September 2, 2019.*

Frequent Flyer Number: _____ Delta American Airlines United Airlines

Airline Seat Preference: Window Aisle **Hotel Room Preference:** King Bed Double Queen Beds

Passenger 4: Male Female **Name:** _____
First *Middle* *Last*

Address: _____
Street Address *City* *State* *Zip*

Phone: _____ **Email:** _____

Date of Birth: _____ **Known Traveler No./Global Entry ID:** _____

Passport Number: _____ **Issue Date:** _____ **Expiration Date:** _____
** Must not expire before September 2, 2019.*

Frequent Flyer Number: _____ Delta American Airlines United Airlines

Airline Seat Preference: Window Aisle **Hotel Room Preference:** King Bed Double Queen Beds

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