

Tour: Colorado's Historic Trains  
Group Name: eXtra Touch Tours

Departure Date: 07/11/2025  
Group Number: 1178747



For Reservations Contact: eXtra Touch Tours  
Ashley Runyon  
712-317-9002 E: info@extratouchtours.com  
Please send reservations to: reservations@extratouchtours.com

**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: \_\_\_\_\_  Mayflower Air  Writing Own Air

**PAYMENT INFORMATION**

Make Checks Payable To: eXtra Touch Tours

Mail Deposit To: eXtra Touch Tours  
720 E Norfolk Ave  
Norfolk, NE 68701

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 non-refundable

Travel Protection Plan: \$ 349 pp

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

Final Payment Due By: 05/09/2025