

**DEPOSIT & FINAL PAYMENT**

Submit a deposit of \$300 plus travel insurance per person along with the reservation form to secure your spot.  
Final payment is due no later than August 1, 2026.

Payment methods: Cash, Check, or Debit Checking Account.

**RESERVATION & TOUR INFORMATION CONTACT**

Elisha Marti  
P: 563-538-0378  
E: emarti@kerndtbrothers.com



**Reservation Form**  
**Mail to: Kerndt Bros Heritage Club**  
**Travel**  
**P. O. Box 370, Lansing, IA 52151**

**Please complete one form per person except those traveling together using one form of payment.**

**TRAVEL PROTECTION:** For your convenience, we offer a travel protection plan and Cancel For Any Reason (CFAR) plan through USI Travel Insurance Services. See the USI Travel Insurance Services plan flyer for rates and information. This premium should be included with your deposit. <https://www.travelinsure.com/brilliantadventures/>

**CANCELLATION POLICY:** All tour payments less a cancellation fee of \$50 are fully refundable for cancellations received by July 30, 2026. Cancellations between August 1 to September 1, 2026 will incur a cancellation fee of 50% plus any nonrefundable components. Thereafter the entire tour is subject to 100% cancellation penalty.

**Please keep a copy of this form for your records!**



**Kerndt Bros. Heritage Club Travel Reservation Form**  
**Branson Fall Fun - October 4-8, 2026**

**PLEASE PRINT CLEARLY**

LEGAL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ MALE/FEMALE  
Exactly as it appears on your photo identification (MM/DD/YYYY) *Circle One*

CELL NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**ROOMMATE (if applicable)**

LEGAL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ MALE/FEMALE  
Exactly as it appears on your photo identification (MM/DD/YYYY) *Circle One*

CELL NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT NAME & CELL NUMBER: \_\_\_\_\_

PER PERSON PRICING/OCCUPANCY (check one)

( ) Single \$1,679 ( ) Double \$1,409 ( ) Triple/Quad \$1,319

Room Preference: ( ) One Bed ( ) Two Beds ( ) Accessible

CELEBRATIONS / DIETARY NEEDS: \_\_\_\_\_

MOBILITY ISSUES or NEEDS: \_\_\_\_\_

( ) I/we agree to the offered travel protection plan. I have read and understand the Travel Protection Plan flyer, which includes important consumer information, plan highlights, and rates. We will include the appropriate amount per person with our deposit.

( ) Yes, I/we fully understand the cancellation policy and agree to be bound hereby and comply therewith by submitting this reservation form.

A per person deposit of \$300.00 is due with registration and optional travel protection fee.

Please make all checks payable to Kerndt Bros. Heritage Club Travel  
Contact Elisha Marti for all other payment methods.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

