



CANADIAN ROCKIES - SEPTEMBER 24 - OCTOBER 3, 2019

Reservation Form:

Traveler Name: _____ Date of Birth: ____/____/____
(as it appears on ID)

Traveler Name: _____ Date of Birth: ____/____/____
(as it appears on ID)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Known Traveler # (optional): _____ Airline Mileage # (optional): _____

Please Mark Selections: Single Occupancy Double Occupancy Roommate: _____

Type of Payment: Check Visa Mastercard Discover



Card # _____ Exp. Date ____/____ CSC # (3-digit # on back of card): _____

Pick up point: Beloit Monroe

Cost: \$7398.00 double occupancy per person. *Limited single occupancy available, please call for availability.

Deposit: \$2500.00 deposit per person with reservation.

Final Payment Date: 3/18/19.

Travel Insurance: Optional Travel Insurance is already included in price shown above. Insurance covers trip cancellation & interruption, emergency medical & transportation & luggage insurance. Insurance must be purchased at time of reservation.

Insurance Rate Double Occupancy \$497

Yes, I (we) wish to keep the Travel Insurance included. No, I (we) decline.

Cancellations & Refund Policy: Cancels prior to or on 3/18/19 receive a full refund less a \$75 cancel fee. Cancels after 3/18/19 with insurance purchased, refunds will be processed through Travel Guard Insurance. Cancels after 3/18/19 without insurance purchased, there is no refund.

To Make A Reservation:

For information contact:

Privilege Plus - First National Bank and Trust Company at 800.667.4401 or email: fun@bankatfirstnational.com or call toll-free American Classic Tours, Inc. 800.666.0358

Mail reservation & payments to:

American Classic Tours, Inc., 888 E. Belvidere Road, Ste. 407, Grayslake, IL 60030

Make Checks Payable To: American Classic Tours, Inc.

Departure points:

First National Bank and Trust Company, 345 E Grand Avenue, Beloit, WI

First National Bank and Trust Company, 1625 10th Street, Monroe, WI

Amount of Payment: _____ Signature: _____ Date: _____