

PACIFIC NORTHWEST - August 16 - 24, 2019 Reservation Form:

Traveler Name:			Date o	f Birth: _	/	_/	
(as it ap	ppears on ID)						
Traveler Name:		Date o	f Birth: _	/	_/		
(as it a	ppears on ID)						
Address:							
City:		State:		Zip:			
Email:	Phone:	Phone:			_ Cell Phone:		
Emergency Contact Name:	Emergency	_ Emergency Contact Phone:					
Known Traveler # (optional):	Airline Mil	Airline Mileage # (optional):					
Please Mark Selections: Single Occu	pancy 🗌 Dou	ble Occupancy	Roommate:				
Type of Payment:	sa Mas	tercard [Discover	VISA	MasterCard	DISCOVE	
Card #	Exp. Date	/ CS	C # (3-digit #	on back of	f card):		
Deposit: \$1000.00 deposit per person w Final Payment Date: 5/10/19. Travel Insurance: Optional Travel Insurance in	s already included i	-		-			
interruption, emergency medical & transporta	00 0		-	sed at time	of reservati	on.	
Insurance Rate Double Occupancy \$322							
Yes, I (we) wish to keep the Travel	Insurance includ	ed. No,	I (we) decline	•			
Cancellations & Refund Policy: Cancels after 5/10/19 with insurance purchased, re 5/10/19 without insurance purchased, then	funds will be pro						
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		Make Checks Payable To: American Classic Tours, Inc.					
Mail reservation & payments to: American Classic Tours, Inc. 888 E. Belvidere Rd. Ste. 407 Grayslake, IL 60030	First National Bank and Trust Company 1625 10th Street Monroe, WI						
Amount of Payment Signa	turo.			Date:			