## FIRST NATIONAL BANK AND TRUST COMPANY PRIVILEGE PLUS AMERICAN CLASSIC TOURS

SPECIFY TOUR TOUR DATE					NO. ON TOUR
FIRST TRAVELER NA	ME (as appears on P	assport)			DATE OF BIRTH
SECOND TRAVELER NAME (as appears on Passport)					DATE OF BIRTH
ADDRESS			CITY	STATE	ZIPCODE
KNOWN TRAVELER NUMBER (optional)			AIRLINE MILEAGE NUMBER (optional)		
EMAIL			PHONE	CELL PHONE	
EMERGENCY CONTACT NAME			EMERGENCY CONTACT PHONE		
ROOMMATE (if other than	second traveler listed	above)			
TRAVEL INSURA	ANCE		CANCELLATION	POLICY	
Travel Insurance may be added to your package by filling in the blanks below.			Cancellations prior to or on the final payment date receive a full refund less a \$50 cancellation for North American Tours or \$250 cancellation fee for Caribbean Cruises, European Ocean Cruises, and European River Cruises. Cancellations after the final payment date,		
PAYMENT INFO	RMATION		there is no refund.		
Please mark your selection					
\$ Double Occupancy Per Person			☆ No, I decline travel insurance.		
\$ Addition f	or Travel Insuranc	e for Double Occupancy P	If declining tro er Person	avel insurance, plea	se inital and date below.
\$Single Occupancy			INITIAL		DATE
\$ Addition f	for Travel Insuranc	ce for Single Occupancy			
\$ Deposit d	ue with reservatio	n. Final payment date: _			
TYPE OF PAYMENT:	☆ Check (Please make checks payable to <b>American Classic Tours, Inc.</b> )				
	☆ Visa	☆ Mastercard	☆ Discover	Ameri	ican Express
CARD NUMBER			XPIRATION DATE	CSC NUMBE	R (3-digit # on back of card)
SIGNATUDE			A T E	AMOUNT	E DAVMENT

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