

FIRST STATE BANK VISTA CLUB



Autumn in the Adirondacks

October 1 - 8, 2023

SPECIFY TOUR

TOUR DATE

FIRST TRAVELER NAME (as appears on Passport)

DATE OF BIRTH

SECOND TRAVELER NAME (as appears on Passport)

DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP CODE

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 INSURANCE

Travel Insurance may be added to your package by filling in the blanks below. Travel Insurance covers trip cancellation & interruption, emergency medical & transportation & luggage insurance. Insurance must be purchased at time of reservation.

CANCELLATION POLICY

Cancels prior to or on final payment date receive a full refund of deposit less a \$50 cancel fee. Cancels on or after final payment date with insurance purchased, refunds will be processed through Travel Guard Insurance. Cancels on or after final payment date without insurance purchased, there is no refund.

PAYMENT INFORMATION

Please mark your selections below.

- \$ 4498.00 Double Occupancy Per Person
- \$ 323.86 Addition for Travel Insurance for Double Occupancy Per Person
- \$5298.00 Single Occupancy
- \$381.46 Addition for Travel Insurance for Single Occupancy
- \$1000 Deposit due with reservation. Final payment date: 6-25-23

- No, I decline travel insurance.
If declining travel insurance, please initial and date below.

INITIAL

DATE

TYPE OF PAYMENT:

Check (Please make checks payable to **First State Bank Vista Club**)

Visa

Mastercard

Discover

American Express

CARD NUMBER

EXPIRATION DATE

CSC NUMBER (3-digit # on back of card)

SIGNATURE

DATE

AMOUNT OF PAYMENT

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