

FIRST STATE BANK VISTA CLUB



Rockies to Red Rocks

October 11 - 18, 2024

SPECIFY TOUR

TOUR DATE

FIRST TRAVELER NAME (as appears on Passport) *Nickname* DATE OF BIRTH

SECOND TRAVELER NAME (as appears on Passport) *Nickname* 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 can cover trip cancellation & interruption, emergency medical & transportation, luggage and more. Insurance may be purchased any time up to or with final payment.

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 there is no refund. If you purchase travel insurance, you are eligible to file a claim with your insurance provider.

PAYMENT INFORMATION

Please mark your selections below.

- \$ 5798.00 Double Occupancy Per Person
- \$ 373.00 Addition for Travel Insurance for Double Occupancy Per Person
- \$6798.00 Single Occupancy
- \$435.00 Addition for Travel Insurance for Single Occupancy
- \$1000 Deposit due with reservation. Final payment date: 12-10-23

- 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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