

# FIRST STATE BANK VISTA CLUB

## Montreal & Quebec

## May 23 - 28, 2026

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

RO OMM AT E (if other than second traveler listed above)

### TRAVEL INSURANCE

Travel Insurance may be added to your package by filling in the blanks below. You acknowledge that you have read and understand the policy, which includes the full coverage term details, including exclusions and limitations, and Travel Protection Plan flyer, which includes important consumer information, plan highlights, and rates.\*

### PAYMENT INFORMATION

Please mark your selections below.

☆ \_\_\_\_\_ \$ 4498.00 Double Occupancy Per Person

☆ \_\_\_\_\_ \$5498.00 Single Occupancy

\_\_\_\_\_ Insurance

★ \$1500 Deposit due with reservation. Final payment date: 01/19/26

**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

This tour is operated by American Classic Tours, Inc. ("ACT"), acting only as an agent for the various independent suppliers that provide room accommodations, transportation, sightseeing attractions, activity admissions, entertainment, meals and other services for our participants. Neither ACT nor its employees or agents are responsible for any losses of or damages to personal property, or for injuries, expenses or damages incurred by any tour participant. ACT reserves the right, at its sole discretion, to make changes in the tour itineraries. ACT reserves the right to accept or decline any person as a member of a tour. Registrants and tour participants also understand that unless specifically stated in writing at the time of registration, registrants and tour participants permit the taking of photos and videos of themselves during this American Classic Tour for publication in ACT's catalogues, brochures, flyers, sales presentations, on its website, via social media, and use as ACT deems necessary. To view state specific fraud warnings, visit: <https://www.travelersinsurance.com/company/fraud-warning>. Travelers Insurance Services, Inc. CA Agency License #0D10209. Travel Insurance is underwritten by Berkshire Hathaway Specialty Insurance Company; NAIC #22276. 716

### CANCELLATION POLICY

Cancellations 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.

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

INITIAL

DATE