

Fabulous Finger Lakes

4 Days * Tuesday - Friday, September 3-6, 2019

RESERVATION FORM

BOOKING INFORMATION: A deposit of \$250.00 per person is due as soon as possible to confirm your booking. Balance is due by July 12, 2019.

CANCELLATION/GENERAL INFORMATION: For cancellations without insurance or for non-covered reasons, the following fees apply: Cancellations 90- 61 days prior to departure are subject to a \$50.00 fee; 60-35 days prior, \$250.00 fee. No refunds for cancellations received less than 35 days prior to departure. To avoid these charges in the event of illness or other covered reason, trip cancellation insurance is available and recommended. To cover pre-existing conditions, insurance must be paid within 14 days of making deposit via credit card on website noted. Passenger is responsible for ensuring that plan purchased within 14 days of deposit. Description of coverage is available upon request. Please contact Touriffic with any questions.

To purchase online <https://nta.aontravelprotect.com>. Use tour operator number: **386104**

BASIC (does not include pre-existing conditions) - **\$59.00** double/triple; \$71.00 single

ENHANCED (covers pre-existing conditions and additional coverage) - **\$79.00** double/triple; \$92.00 single

NOTE: Though not anticipated, itinerary and price are subject to change. Credit cards are accepted for a minimal service fee. Trip planned by Touriffic Travel -610-544-6222. Trip based on a minimum of 30 persons. Touriffic Travel, their employees, representatives and suppliers act solely as agents in arranging for transportation and other services and do not assume any liability for flyer misprints, injury, damage, loss, death, accident or delay due to any act, negligence or default of any company or person engaged in rendering any services for any tour.

Please complete one form per person unless couple. Touriffic Travel/Finger Lakes/ September 3-6, 2019

Name(s): _____ Birth Date (if ins.) _____

Address/City/State/Zip: _____

Phone _____ Cell _____ Email: _____

Double Room _____ * Single Room _____ * Triple Room _____ Today's Date: _____

Rooming with: _____ Phone _____ Birth Date (if ins.) _____

Emergency Contact Name: _____ Cell Phone: _____

Special request: _____

Cancellation Insurance: ___ YES (Basic without pre-existing clause) * ___ YES (Enhanced -purchase on Aon web site)

* ___ No, Travel Insurance denied