

“Ethan Bortnick Show in Reno” Reservation Form

CANCELLATION POLICY

Cancellations not covered by the trip insurance are subject to the following per person fees:

• Cancel after deposit:	Insurance Premium is Retained
• Cancel 45 days or less prior to departure/no shows:	No refunds are made except through insurance claim.

BERKELYCARE GROUP TRIP INSURANCE

The Trip insurance (premium) guarantees full refund on all payments (including deposit), except the premium itself, made for tour rates in case of cancellation due to personal illness (medical documentation required) or death of you, your traveling companion, or a member of the immediate family. If the passenger must return early due to personal illness or death of a member of the immediate family, payment of the premium guarantees a refund for the unused services. Payment of the premium guarantees your return air transportation utilizing your original airlines tickets. The premium does not cover any single supplement charges which arise from an individual's traveling companion electing to cancel for any reason prior to departure. The insurance is non-transferable, valid for each applicant only & does not cover any services such as airline tickets not purchased through Friendly Excursions. For details, request insurance pamphlet from front desk staff.

Part A – Cancellation (Up to Trip Cost (max \$10,000),
Interruption 150% of trip cost (max \$15,000),
Trip Delay (\$1,000)

Part B – Emergency Evacuation/Repatriation (\$100,000),
Accident/Sickness Medical Expense (\$20,000)

Part C – Baggage & Personal Effects (\$1,500),
Baggage Delay (Max \$500)

Part D – Worldwide Emergency Assistance (24/7-Included).

RESPONSIBILITY

Friendly Excursions, authorized agents, or tour leaders for groups act solely as agents of the tour members in making arrangements for hotels, transportation, or any tour related services and do not assume any liability whatsoever for any injury, damage, death, loss, accident, or delay to person or property due to an act of default of any hotel, carrier, or company or person rendering any of the services included in the tour. Further, no responsibilities are accepted for any damage or delay due to sickness, pilferage, labor disputes, machinery breakdown, quarantine, government restraints, weather or other causes beyond the control of Friendly Excursions. No responsibility is accepted for any additional expense, omissions, delays, re-routing, or acts of government. Friendly Excursions cannot be held responsible for baggage damage, loss of personal property, possessions, or money. The right is reserved to refuse to retain any member of the group should circumstances so demand, and if such actions are for benefit of the tour. The airlines or transportation companies involved are not responsible for any act, omission, or event during the time the passengers are not on board their planes or conveyances. The passenger's contract in use by the carrier concerned, when issued shall constitute the sole contract between the carrier and the passenger. Tour members are held responsible for being in sufficient good health to undertake the tour. CST # 2002582-40

PAYMENT INFORMATION

Please sign up and pay in full before October 17, 2012.
\$399 per person double, \$499 per person single. Price includes insurance.



BB 7372

RESERVATION FORM

Ethan Bortnick Show in Reno
November 30, 2012

Make Checks Payable to:
Friendly Excursions, Inc.



Mail reservation form to:
Sunnyvale Senior Center
550 E. Remington Drive, Sunnyvale, CA 94087
Attn: Betty Burney Phone: (408) 730-7372

Payment in full of \$ _____ for _____ # of people, paid (MM/DD/YY) ____ / ____ / ____

Travel Requests: Mobility Concerns Special Diet Two Beds
Please detail requests on back of form; we cannot guarantee your preference(s).

Signature

Legal Name _____
(as appears on government-issued photo identification) (nickname, for badge)

Roommate's Legal Name _____
(as appears on government-issued photo identification) (nickname, for badge)

Your Address _____

City _____ State _____ ZIP _____

Telephone # () _____ Non-resident fee of \$ _____ (\$50pp) for _____ # of people, paid (MM/DD/YY) ____ / ____ / ____

Payment by Credit Card (check one):  

Credit card #: _____ Exp. Date: _____

Amount to be charged: _____ Signature: _____ Today's Date: _____