

NY Finger Lakes w/Turning Stone

May 29th - 31st, 2024 3 Days / 2 Nights

Std. Hotel Room: \$749^{pp} Double, \$959 Single Occ.

Upgraded Tower Room: \$799^{pp} Double, \$1059 Single Occ.

Optional Travelers Insurance with Chubb Travel Protection:

Please Add \$52^{pp} for All Except \$74 for Tower Single - A Deposit Of \$100^{pp} Plus Insurance Fee Is Due Upon Registration

Final Payment is due by March 29th, 2024

Please Return Application To:

Sue Kelliher 508-651-7858 / 19 Washington Street / Sherborn, MA

Or place your reservation online here: <https://tri.ps/BMTpO>

(enter exactly as shown).

Travel Smarter w/ Chubb Travel Protection, our optional travel insurance program:

Plan Benefits	Maximum Benefit
Pre-Departure Trip Cancellation	100% of Trip Cost (\$10,000 Max.)
Post-Departure Trip Interruption	100% of Trip Cost (\$10,000 Max.)
Emergency Evacuation & Repatriation of Remains	\$100,000
Accident & Sickness Medical	\$10,000
Trip Delay (up to \$100 per day, delayed 12 Hrs)	\$500
Baggage and Personal Effects	\$500
Baggage Delay (Delayed 24 Hrs)	\$100
Pre-Existing Medical Condition Exclusion Waiver	Included*

Trip Cancellation: The Company will reimburse the Insured a benefit, up to the Maximum Limit shown in the Schedule if an Insured cancels his/her Trip or is unable to continue on his/her Trip due to any of the following Unforeseen events: Sickness, Injury or death of an Insured, Family Member, Traveling Companion, Business Partner or Host at Destination; Inclement Weather causing delay or cancellation of travel; Strike causing complete cessation of travel services at the point of departure or Destination; or other covered reasons as outlined in the consumer brochure or full Policy Wording.

A

PRINT CLEARLY

PASSENGER APPLICATION & AGREEMENT

NY Finger Lakes w/Turning Stone Resort

May 29th - 31st, 2024

Best of Times Travel

Passenger Name as it appears on ID: _____ Date Of Birth _____ Gender: M ___ F ___

Passenger Mailing Address: _____
Include: Street Address, City, State, Zip

Passenger Phone #: (H) _____ Passenger Email Address: _____

Rooming With: _____
If Single please write in No Roommate

Each Passenger Must complete their own application, even if married. Due to insurance policies all sections on this application must be completed.

Passenger Emergency Contact Name and Phone: _____

B

Per Passenger Total

Program/Trip Base Price _____
Optional Chubb Insurance _____

Credit Card 3% Fee If Applicable _____

YOUR TOTAL COST _____

Check This Box if you are DECLINING the Optional Insurance Program.

C

Enclosed is a deposit of \$ _____

For How Many Passengers _____

Charge My: Visa _____ Mastercard _____ Amex _____

Name As It Appears On Credit Card _____

Address Credit Card Bill is sent to if different from above. _____

Card # _____

Expiration Date _____ 3 Digit CCard Verification # _____

Signature _____

Please Make Checks Payable to "Best of Times Travel"

A Signature Below is required to confirm your understanding of the Terms & Conditions of Sale as Outlined in this Brochure.

Passenger Signature _____ Date: _____

Group Leader Signature _____ Date: _____

Rates and itineraries shown here were in effect at the time of printing and no changes are anticipated; however, Best of Times Travel reserves the right to withdraw any tour or to make any rate changes, as necessary. Prices are subject to change. A deposit is always required to confirm a reservation. A Deposit of \$100^{pp}, plus insurance premium (if selected) is due upon registration to confirm your reservation. **Travel Insurance:** We recommend your purchase of optional travel insurance. This optional travel insurance is per person and the premium is based on the overall trip cost. Travelers MUST purchase the plan at the time of initial deposit. Coverage will not be in place unless your full Deposit is received. Cancellation schedule and fees are in place regardless of cancellation reason (including, but not limited to, force majeure, health pandemics or government restrictions). Travel Insurance Premium is also Non-Refundable regardless of cancellation reason. Payment in full must be received by March 29th, 2024 or this may result in an automatic cancellation. Please note: All cancellations must be made in writing and sent to Best of Times Travel. The date of cancellation is deemed to be the date received by Best of Times Travel. **Cancellation Charges for this programs are as follows:** Cancellations from date of booking until 3/29/2024 have no cancellation fee. Cancellations from 3/30/24 until 4/28/2024 will be assessed a cancellation fee of 75% of the total fare. Cancellations after 4/28/2024 will receive no refund, 100% of the total fare. Best of Times Travel is not responsible for any refunds over and above said amount. Best of Times Travel reserves the right to issue any refunds, in whole or in part, in the form of future travel credit. *Pre-Existing Medical Condition Exclusion Waiver has the following stipulations: plan must be purchased within 15 days of initial trip payment, insured must be medically able to travel at time of purchasing the plan, all pre-paid, non-refundable trip costs need to be insured. This information is a brief description of this insurance program. Coverage & pricing may vary by state. The provision of this document is for informational purposes only and is not an insurance contract. Coverage is being marketed by Chubb Insurance Solutions Agency, Inc. located at 202 Halls Mills Road, Whitehouse Station, New Jersey 08889. Insurance benefits are underwritten by ACE Property & Casualty Insurance Company located at 436 Walnut Street, Philadelphia, Pennsylvania 19106.