

Czech-Slovak Experience

October 3-14, 2015

FINE TRAVEL
EXPERIENCES

Reservation Application – one per person

Name: _____

Address: _____

City, State, Zip: _____

Best phone # to reach you: _____

Email address: _____

Name as it appears on Passport: _____

Passport Number: _____ Exp. Date: _____

Date of Issue: _____ Date of Birth: _____

Place of Birth: _____

Nationality: _____

Marital status: _____

Spouse name if applicable: _____

.....
I will room with spouse: _____ or: _____

I am willing to share with another participant: _____ Yes.

I prefer single accommodation: _____ Yes, I agree to the single supplement (if necessary).

I/we would like one bed _____ or two beds _____ in all hotels. Smoking? _____

Any medical conditions we should be aware of? _____

Dietary needs or restrictions? _____

I request travel insurance information _____ Yes _____ No, I have secured my own insurance.

Special needs, requests: _____

.....
Signature: _____ Date: _____

Enclosed is my \$750 deposit (per person) check or credit card # (check) payable to: **Michael Jensen**, which secures my place in the Czech-Slovak Experience program taking place October 3-14, 2015. After submitting payment you will receive confirmation and receipt crediting your deposit toward your outstanding balance plus ongoing program literature and information via email.

Czech-Slovak Experience

Conditions, Indemnification and liability release

1. Fine Travel Experiences; dba: Inthewindmj.llc or in consultation with its agents, reserves the right to decline, to accept, or retain any participant should that person's behavior, health, fitness level, or mental condition impede the operation of the said "Czech-Slovak Experience" tour or endanger other participants.
2. Inthewindmj.llc. reserves the right to make alterations to the published itinerary if conditions warrant. We cannot accept responsibility for losses of additional expenses due to delay and changes in travel both air or land, or hotel arrangements, sickness, weather, strike, political demonstrations, war, quarantine, or acts of God beyond our control.
3. Inthewindmj.llc. contracts with independent third party agents/vendors to provide accommodations, guide services, transportation, and related ground services in Czech Republic and Slovakia. All participants understand and agree that we assume no responsibility, regardless of cause, for injury, death, loss or damage to person or property in conjunction with any service provided by these independent agents/suppliers or resulting directly from acts of god, detention, terrorism, theft, pilferage, civil disturbances, government restrictions or regulations, and strikes.
4. Itinerary is subject to change however; minimally.
 - ❖ By signing below you agree and understand the above conditions and statements. You have read and accept the itinerary and the terms and conditions of this *Czech-Slovak Experience* including the indemnification and liability release.

Print Name: _____

Signature: _____

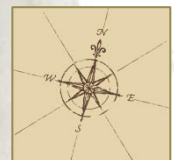
Date: _____

*please sign and return with reservation form

Thank you,

Michael Jensen

Fine Travel Experiences



Czech-Slovak Experience

October 3-14, 2015

CREDIT CARD/CHECK PAYMENT FORM

Visa, Master, Discover cards only please

Card Type _____

Card # _____

Expiration _____ CV code# _____

Name on Card _____

Card billing address _____

Paying by personal check # _____

Deposit/payment Amount _____

Today's Date _____

Signature _____

- Second payment of \$1000 per-person is due; December 1, 2014
- Third payment of \$1000 per-person is due; April 1, 2015
- Final balance is due 60 days prior to departure, which is; August 3, 2015

All payments will be applied toward your *Czech-Slovak Experience* personal account and deducted from total due. Receipt will be sent immediately following payment. You may submit forms via email, fax, or regular mail. If mailing, please forward to address listed below.

All deposits are refundable less a nominal handling fee up to 120 days prior to departure. Once into 120 days or less hotel penalties begin accruing. Please note final program payment is due 60 days prior to departure (August 3, 2015)

Fine Travel Experiences

Michael Jensen
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Las Vegas, NV 89103
(702) 245 0301
(702) 566-4676 Fax

