

R&J Tours Reservation Form

1-800-758-6877

Please fill out and mail to: R & J Tours, Inc.; P.O. Box 1034; Willmar MN 56201-1034

TOUR SELECTION

Tour Destination Name: Augsburg College in New York City Departure Date March 19 – 23, 2015

TRAVELER INFORMATION

(Please print clearly)

Traveler #1

Name _____ Nickname for name tag _____
(First, **Middle** and Last name as appears on driver's license or passport) **Date of Birth** ____/____/____
Street address _____ City _____
State _____ Zip _____ Home phone _____ Cell phone _____

Traveler #2 (If Applicable)

Legal Name _____ Nickname for name tag _____
(First, **Middle** and Last name as appears on driver's license or passport) **Date of Birth** ____/____/____
Street address _____ City _____
State _____ Zip _____ Home phone _____ Cell phone _____

ROOM ACCOMMODATIONS

_____ Single _____ Double _____ 1 Bed _____ 2 Beds
_____ Triple _____ Quad _____ Non-Smoking _____ Smoking
Rooming with _____

PAYMENT INFORMATION

Deposit amount is \$200 per person and final payment is **due 45 days prior** to departure for flyaway tours.

Per person	x	# of Travelers	=	Total
Deposit Amount		<u>\$ 200</u>	x	_____ = \$ _____
Optional Travel Protection premium		<u>\$ 164</u>	x	_____ = \$ _____
(See brochure for prices)		Total amount of deposit enclosed: \$ _____		

Check # _____ or Credit card (VISA, MasterCard, Discover or American Express # _____
Expiration Date ____/____/____

Travel Protection

**** Please Note:** We recommend the purchase of travel protection. This coverage protects you financially if you should have to cancel or interrupt your trip due to an unforeseen circumstance or if you need to seek medical attention while traveling. To determine the cost of travel protection per person, please see the brochure for the specific tour you are signing up for. **Payment of protection premium at the time of deposit or within 14 days of deposit waives the "pre-existing conditions" clause, so we would recommend purchasing the protection now.**

Please check one and sign:

Traveler #1: Date _____
_____ I accept Travel Protection. **OR** _____ I decline Travel Protection.
Signature _____

Traveler #2: Date _____
_____ I accept Travel Protection. **OR** _____ I decline Travel Protection.
Signature _____

**** Insurance premium is nonrefundable once it has been purchased. (See R&J Catalog for details)**