



Girlfriends' Getaway Mystery Tour August 17-20, 2019



4 Seasons
Vacations, Inc.

GROUP TOURS AND VACATIONS FOR PEOPLE GOING PLACES

INCLUDED IN YOUR TOUR:

TOP SECRET

- 4 Seasons Vacations Tour Director, Cindy Peterson
- 3 nights accommodations
- Deluxe motor coach transportation
- Luggage handling for 1 suitcase per person
- All admission and activity fees
- 6 Meals: 3 breakfasts, 1 lunch, 2 dinners

This location and schedule of events is secret, but we promise you a fabulous time! Book your seat soon as our last Girlfriends Getaway sold out before many could reserve a space. We do all of the planning while you get to sit back and relax while we provide you with sightseeing, shopping, dining, and lots of fun and entertainment.

PRICE PER PERSON

	<u>Double</u>	<u>Single</u>	<u>Triple</u>
TOUR COST	\$619.00	\$759.00	\$549.00
INSURANCE	44.57	54.65	39.53
TOTAL	\$663.57	\$813.65	\$588.53

DEPOSIT & FINAL PAYMENT:

A deposit of \$100.00 per person will be required at the time of booking. Final payment will be due 60 days prior to departure. Any reservations made within 60 days will require full payment. Deposits are fully refundable prior to 60 days before departure.

CANCELLATION & REFUNDS:
CANCELLATION RECEIVED:

From time of deposit to 61days.....No Penalty
 From 60 days to 45 days prior.....\$100.00 deposit
 From 44 or less prior.....100%*
 *Of Total Price

These tours are operated by 4 Seasons Travel, Inc., (d.b.a. 4 Seasons Vacations, Inc.) P.O. Box 851, Albert Lea, MN 56007 (hereafter 4 Seasons) and acts only as agent for tour members in arranging room accommodations, transportation, sightseeing, admissions and restaurants. 4 Seasons reserves the right in its sole discretion to make itinerary changes and is not responsible to any person for expense, loss of time or money or other circumstances resulting from a change in itinerary or change of tour arrangements made by it for tour members. Rates quoted are based upon tariffs and exchanges current at the time of printing and are subject to change. 4 Seasons reserves the right to decline or to accept any person as a tour member of any tour at any time. 4 Seasons is not responsible for any loss or damages to personal property or for injuries, expenses or damages whatsoever incurred or claimed by tour members. 4 Seasons reserves the right to cancel a tour at its discretion should it become necessary and all monies would be refunded, thus releasing 4 Seasons from any further obligation.



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HOTLINES

(507) 373-4705 (Local)
1-800-328-4298 (Toll Free)
1-507-373-1850 (Fax)
4seasons@smig.net (Email)
www.4-seasonsvacations.com

TRAVEL GUARD INSURANCE

Cover your investment from those unforeseen circumstances that may arise before or during your trip. The Deluxe Group Plan provides valuable coverage at an affordable price and includes waiver of Pre-existing Medical Condition Exclusion if insurance is purchased with Initial Trip Payment.

MAXIMUM LIMIT

Trip Cost
 125% of Trip Cost
 \$500
 \$500
 \$1,000
 \$500
 \$20,000
 \$50,000
 \$50,000
 Included
 Included
 Included

COVERAGE PER PERSON

Trip Cancellation
 Trip Interruption
 Trip Delay (Maximum \$150 per day)
 Missed Connection
 Baggage & Personal Effects
 Baggage Delay
 Accident Sickness Medical Expense
 Emergency Evacuation
 Accidental Death & Dismemberment
 Travel Medical Assistance
 Worldwide Travel Assistance
 Live Travel Emergency Assistance

Complete and submit with \$100.00 per person deposit, plus the cost of insurance, if purchasing.

4 Seasons Vacations
130 W. Clark Street
P.O. Box 851
Albert Lea, MN 56007

I am purchasing insurance
 I am declining insurance

Visa/MasterCard
 American Express/Discover
 are accepted

Girlfriends Getaway
Mystery Tour
August 17-20, 2019

Name: _____
 (as it appears on photo identification)
 Address: _____ City: _____
 State: _____ Zipcode: _____ Phone: () _____
 Cell Phone: () _____
 Gender: ___M___F Date of Birth: _____
 Emergency Contact: _____
 Phone: () _____ Relationship: _____
 Room Accommodations: ___Smoking___ Non-Smoking
 ___1 Bed___ ___2 Beds___
 Name on name tag _____
 Email _____

Name: _____
 (as it appears on photo identification)
 Address: _____ City: _____
 State: _____ Zipcode: _____ Phone: () _____
 Cell Phone: () _____
 Gender: ___M___F Date of Birth: _____
 Emergency Contact: _____
 Phone: () _____ Relationship: _____
 Room Accommodations: ___Smoking___ Non-Smoking
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