

# Holiday Branson

2 dates to choose from!

**November 7-11, 2023**

or

**November 14-18, 2023**



## Included in your tour

- .Escorted by a 4 Seasons Tour Director
- .4 Nights Lodging
- .8 Meals: 4 breakfasts, 2 lunches 2 dinners
- .Pickin Porch Grill
- .The Haygoods
- .Dutton Family Christmas Show
- .Clay Cooper's Country Christmas
- .Queen Esther @ Sight & Sound Theatre
- .Hughes Brothers Christmas Show
- .Hot Rods & High Heels Christmas Show
- .Christmas Wonderland
- .Osceola Cheese Store
- .Russell Stover Candy Store
- .Luggage handling (1 per person)



**Prices Per Person**

	<u>Double</u>	<u>Single</u>	<u>Triple</u>
<b>Tour Cost</b>	<b>\$1,099.00</b>	<b>\$1,299.00</b>	<b>\$999.00</b>
<b>Optional Insurance</b>	<b>\$79.13</b>	<b>\$93.53</b>	<b>\$71.93</b>



**DEPOSIT & FINAL PAYMENT:**

A deposit of \$300.00 per person will be required at the time of booking. 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 61 days.....Total Refund  
 From 60 days to 45 days prior.....Forfeit \$300.00 deposit  
 From 44 or less prior.....No Refund

These tours are operated by 4 Seasons Travel, (d.b.a. 4 Seasons Vacations, 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.



VACATIONS AND TOURS FOR PEOPLE ON THE GO

**CONTACT US**

**507-373-4705**

**507-373-1850 (Fax)**

travel1@4seasonstravel.net (Email)

www.4-seasonsvacations.com(Website)

**TRAVEL GUARD INSURANCE**

Cover your investment from 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.

<u>MAXIMUM LIMIT</u>	<u>COVERAGE PER PERSON</u>
Trip Cost	Trip Cancellation
125% of Trip Cost	Trip Interruption
\$500	Trip Delay (Maximum \$150 per day)
\$500	Missed Connection
\$1,000	Baggage & Personal Effects
\$500	Baggage Delay
\$20,000	Accident Sickness Medical Expense
\$50,000	Emergency Evacuation
\$50,000	Accidental Death & Dismemberment
Included	Travel Medical Assistance
Included	Worldwide Travel Assistance
Included	Live Travel Emergency Assistance

**Registration is easy.** Simply complete this form and submit with \$300.00 per person deposit.

*\*If purchasing insurance, insurance payment is due at the time of deposit.*

**We'd like to know:** How did you hear about this tour? \_\_\_\_\_

**4 Seasons Vacations**  
 636 E. 11th Street  
 Albert Lea, MN 56007

I am purchasing insurance  
 I am declining insurance

**We accept**  
**Visa/MasterCard**  
**American Express/Discover**



Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Room Requests\*: All rooms are Non-Smoking \_\_\_\_\_ 1 Bed  
 \_\_\_\_\_ 2 Beds

Name on Name Tag: \_\_\_\_\_

Email: \_\_\_\_\_

\*Every effort will be made to honor requests

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F Date of Birth: \_\_\_\_\_

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