ALASKA TOUR & CRUISE JULY 15-27, 2024



Included in your tour

- Accompanied by 4 Seasons Tour Director
- Roundtrip Delta non-stop flights
- All transfers to and from airport and pier
- 5 nights on Land
- Sternwheeler Riverboat on the Chena River
- Natural History Tour, Denali National Park
- Princess Rail to Talkeetna
- 7 Day Cruise on the ROYAL Princess
- 3 Ports of Call and 2 Scenic Cruising: Icy Strait Point, Juneau, Ketchikan, Hubbard Glacier, Glacier Bay National Park
- Crew Appreciation, Princess Plus Beverage Package and WIFI
- Luggage Handling at hotels and cruise (1 per person)





<u>Date</u>		<u>Arrive</u>	<u>Depart</u>
Mon. July 15	MSP to Fairbanks	9:00 pm	
Tues. July 16	Denali Princess Wilderness Lodge - Sternwheeler on Chena River		
Wed. July 17	Denali Princess Wilderness Lodge - Natural History Tour		
Thurs. July 18	Mt. Mckinley Princess Wilderness Lodge—Rail to Talkeetna		
Fri. July 19	Anchorage—Hotel Captain Cook		
Sat. July 20	Whittier—Alaska Wildlife Conservation Center		
Sat. July 20	Anchorage (Whittier)		8:30 pm
Sun. July 21	Hubbard Glacier (Scenic Cruising)	3:00 pm	8:00 pm
Mon. July 22	Glacier Bay National Park (Scenic Cruising)	9:15 am	7:30 pm
Tues. July 23	Icy Strait Point	6:00 am	7:00 pm
Wed. July 24	Juneau Alaska	6:30 am	5:00 pm
Thurs. July 25	Ketchikan	10:00 am	6:00 pm
Fri. July 26	At Sea		
Sat. July 27	Vancouver, Canada	7:30 am	12:45 pm
Sat. July 27	Vancouver to MSP	6:10 pm	









PER PERSON RATES (Based on 2 per room)

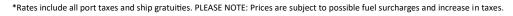
STATEROOM **TOUR COST**

INSURANCE

BALCONY

DELUXE BALCONY

6,599.00 6,799.00 475.13 489.53 MINISUITE 6,999.00 503.93





DEPOSIT & FINAL PAYMENT:

A deposit of \$900.00 per person will be required at the time of booking. Final payment will be due March 15, 2024.

CANCELLATION & REFUNDS:

The following cancellation policy applies:

If you cancel

Days PRIOR to Departure Refund 89-60 days......50% Refund within 59 days......No Refund

CONTACT US

507-373-4705

travel1@4seasonstravel.net (Email) 4-seasonsvacations.com (Website)

Registration is easy. Simply complete this form and submit with \$900 per person deposit. If purchasing insurance, insurance payment is due at the time of deposit.

Neither Princess Cruises, Princess Tours, 4 Seasons Travel Inc. nor its owners, directors, officers, agents, servants, employees, affiliates or representative own, operate, manage, control, inspect, distribute or warrant any non-owned vehicle, vessel, aircraft or equipment, or any hotel, restaurant or other establishment, or any product, premises or service, provided directly or indirectly in connection with any tour; nor are they or any of them responsible or liable for any accident, injury, illness, death, loss, damage, expense, delay or other irregularity of any nature whatsoever arising directly or indirectly from such tour or from any part thereof due to any cause whatsoever including negligence.

TRAVEL GUARD INSURANCE

MAXIMUM LIMIT

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.

COVERAGE PER PERSON

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

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We'd like to know: How did you hear about this tour? Alaska Tour and Cruise July 15-27, 2024 Please inc.	
4 Seasons Vacations 636 E. 11th Street Albert Lea, MN 56007 Signature U am purchasing insurance	Balcony
Name:	Name:
(as it appears on passport)	(as it appears on passpo
Address:City:	Address:
State:Zipcode:Phone: ()	State:Zipcode:
Cell Phone ()	Cell Phone ()
Passport #:Date of Issue:	Passport #:
Expiration Date:Citizenship:	Expiration Date:
City, State, Country of Issuance:	City, State, Country of Issuance:

Relationship:

1 Bed 2 Beds

Gender: M F Date of Birth:

Air Seat Request: ____Aisle _____Window Room Requests*: All rooms are Non-Smoking

Delta Frequent Flyer# Name on Name tag

*Every effort will be made to honor your request

Emergency Contact:

Phone: ()____

Captain Circle #

Email

CABIN SELECTIONS Balcony **Deluxe Balcony** ■ Mini Suite

We accept Cash, Check, Discover, Visa, MasterCard Or American Express

PASSPORTS REQUIRED Must be valid through **January 15, 2025**

Name:					
(as it appears on passport)					
Address:	City:				
State:Zipcode:	Phone: ()			
Cell Phone ()					
Passport #:	Date of Issue	<u> </u>			
Expiration Date:	Citizenship:				
City, State, Country of Issuance:					
Gender:M	F Date of Birth:				
Emergency Contact:					
Phone: ()	Relationship:				
Air Seat Request:Ai	sleWindow	Next to			
Room Requests*: All room	ns are Non-Smoking _	1 Bed			
	_	2 Beds			
Captain Circle #					
Delta Frequent Flyer#					
Name on Name tag					
Email					

^{*}Every effort will be made to honor your request