

## **Trip Reservation Form**

A \$100 per person deposit along with this required signed reservation form (electronic signatures will be accepted) will secure your reservation with the total cost of \$\_\_\_\_\_\_ per person, based on double occupancy. Please inquiry about single and triple occupancy pricing. To make your reservation either visit <a href="www.bonitatoursllc.com">www.bonitatoursllc.com</a>, call Bonnie at (616) 887-0925, or email her at <a href="oceanbon54@yahoo.com">oceanbon54@yahoo.com</a>. If you prefer to send it by U.S. Mail, send your completed reservation form with the deposit check made payable to <a href="mailto:BonitaTours LLC">Bonita Tours LLC</a>, 921 10 Mile Road NW Sparta, MI 49345.

You will not receive any billings but you may make payments as often as you wish. Full payment for your trip is due 30 days before the departure day for single day trips or 45 days prior to departure for overnight trips. No refunds will be given after this time unless you have travel insurance or a replacement is found. We accept checks, money orders, and Visa, Mastercard, Discover, and American Express. Card payments can be made by phone. Trip insurance is available. Prices vary. You can contact Bonnie directly for details, customized pricing, and to secure coverage.

## ADDITIONAL CONDITIONS AND REMINDERS

Neither luggage or personal property insurance are provided. Additionally, no personal items or other items not specifically mentioned. Bonita Tours LLC and/or tour escorts are not responsible for any loss or damage to your person or property, and does not accept any responsibility for injury or illness on the trip. It is *your responsibility* to carry the appropriate ID and your medical insurance information. Each person must have his or her luggage tagged with your identification. Trip times and itineraries are subject to change.

*denotes required information		Nickname		
four Name				· · · · · · · · · · · · · · · · · · ·
*Address				
*City	*State	*Zip	*Phone	
Rooming With (if applicable) Nickname				
*Name & phone number of an eme	ergency conta	ct		
*Please reserve seat(s) for	·	1		(trip and date)
*Amount Enclosed				
I have read, understood, and agree	e to the terms	of the tour contr	act.	
1	*Si	ignature (require	d)	
2	*Si	ignature (require	d)	

All tours are open to the public.