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Optional 2-Night Pre-Cruise Registration Form | "Victoria Falls Experience" | January 13 - 15, 2021

FAX COMPLETED FORM TO **(707) 526-9147** OR EMAIL **LANDTOURMANAGER@FOODANDWINETRAILS.COM**

CLEARLY PRINT NAMES OF ALL PEOPLE REGISTERING FOR THIS TOUR. TOURS ARE LIMITED IN SIZE AND SOLD ON A FIRST COME FIRST SERVE BASIS.

GUEST #1 _____ MOBILITY / DIETARY ISSUES: _____

GUEST #2 _____ MOBILITY / DIETARY ISSUES: _____

TRAVELING WITH FRIENDS? : _____

PRE-CRUISE ZIMBABWE PACKAGE | PER COUPLE \$1,535.00 PER PERSON X 2 = \$3,070.00 \$ _____

VICTORIA FALLS HOTEL | CENTRAL DELUXE ROOM ONE BED TWO BEDS | CANNOT BE GUARANTEED

SINGLE RATE: \$1,535.00 + \$640.00 SINGLE SUPPLEMENT = \$2,175.00 \$ _____

OPTIONAL ROOM UPGRADE | RATES ARE PER ROOM FOR TWO NIGHTS AND ARE BASED ON DOUBLE OR SINGLE OCCUPANCY AND AVAILABILITY:

UPGRADE TO STABLE WING ROOM **\$640.00** \$ _____

INDEPENDENT ROOM NIGHTS | RATES ARE AVAILABLE UPON REQUEST AND SUBJECT TO AVAILABILITY: \$ _____

ARRIVAL DATE _____ TOTAL ROOM NIGHTS: _____

TOTAL DUE \$ _____

30% DEPOSIT DUE AT BOOKING \$ _____

FINAL PAYMENT DUE ON: 09/14/20 YES, I AUTHORIZE FINAL PAYMENT TO BE AUTOMATICALLY CHARGED ON THIS DATE TO THE CREDIT CARD LISTED BELOW. **NOTE:** IF YOU USE A DEBIT CARD TO PAY THE DEPOSIT, F&WT MAY NOT BE ABLE TO PROCESS YOUR FINAL PAYMENT, AND THEREFORE, REQUIRES AN ALTERNATE PAYMENT METHOD FOR FINAL PAYMENT. IF FINAL PAYMENTS NOT RECEIVED BY THE DATE SPECIFIED ABOVE, YOUR SPACE ON THIS TOUR WILL BE RELEASED AND APPLICABLE CANCELLATION FEES APPLIED. MANY TRAVEL SUPPLIERS NOW PROCESS CREDIT CARDS INTERNATIONALLY, AND YOUR CREDIT CARD BANK MAY CHARGE A FOREIGN TRANSACTION FEE. PLEASE CONTACT YOUR CREDIT CARD ISSUER TO SEE IF THIS APPLIES.

INCREASE TRAVEL INSURANCE POLICY TO COVER THESE ADDITIONAL COMPONENTS OF MY TRIP: YES NO

ADDITIONAL COVERAGE MUST BE ADDED AT THE TIME OF BOOKING FOR POLICY TO EXTEND TO AND COVER PRE-EXISTING CONDITIONS.

YOUR TRAVEL ADVISOR WILL PROVIDE YOU WITH COST OF ADDITIONAL PREMIUM **F&WT RECOMMENDS TRAVEL INSURANCE.*

PAYMENT METHOD: AMERICAN EXPRESS MASTERCARD VISA

PLEASE ENTER CREDIT CARD # _____ EXP: _____ CVV: _____

PRINT NAME ON CARD _____ SIGNATURE _____ DATE _____

"I AUTHORIZE FOOD & WINE TRAILS TO CHARGE MY CREDIT CARD FOR THE ABOVE TOTAL AND ACCEPT THAT THE CHARGE WILL BE APPLIED ON RECEIPT."

TERMS & CONDITIONS: EACH PARTICIPANT AGREES THAT THE TERMS, CONDITIONS, LIABILITIES AND RESPONSIBILITIES AS DESCRIBED IN THE CRUISE REGISTRATION FORM APPLY TO THIS TOUR WITH THE EXCEPTION OF THE FOLLOWING: (1) CANCELLATIONS – A 30% CANCELLATION PENALTY APPLIES FROM THE TIME OF PURCHASE UP TO 120 DAYS PRIOR TO CRUISE DEPARTURE, A 50% PENALTY APPLIES BETWEEN 119 DAYS TO 90 DAYS PRIOR TO CRUISE DEPARTURE, AFTER WHICH TIME THERE CAN BE NO REFUND; AND (2) PRICE OF TOUR IS BASED ON CURRENT EXCHANGE RATES AND MINIMUM PARTICIPATION. TOUR PRICE MAY INCREASE WITH SIGNIFICANT CHANGE IN EXCHANGE RATE OR IF MINIMUM PARTICIPATION IS NOT MET; (3) F&WT RESERVES THE RIGHT TO CANCEL TOUR AND REFUND MONEY WITH NO LIABILITY UP TO 90 DAYS PRIOR TO SAILING. WE ADVISE AGAINST PURCHASING RELATED TRAVEL SERVICES THAT INCLUDE PENALTIES UNTIL AFTER THAT TIME; (4) WE RESERVE THE RIGHT TO SUBSTITUTE WINERIES AND FEATURES TO COMPARABLE FACILITIES AND SERVICES WITHOUT NOTICE.

LIMITED POWER OF ATTORNEY FOR FOOD & WINE TRAILS (F&WT) TO USE MY CREDIT CARD: I HEREBY AUTHORIZE F&WT TO ACT UPON MY INSTRUCTIONS BY PHONE OR THROUGH THIS FORM TO CHARGE MY CREDIT CARD FOR EXPENSES ARISING FROM TRAVEL ARRANGEMENTS MADE BY F&WT. I HEREBY RATIFY ANY INSTRUCTIONS GIVEN PURSUANT TO THIS AUTHORIZATION AND AGREE NEITHER THAT F&WT, NOR ANY OF ITS EMPLOYEES OR REPRESENTATIVES WILL BE HELD LIABLE FOR ANY LOSS, LIABILITY OR EXPENSE ACTING UPON SUCH INSTRUCTIONS BELIEVED BY THEM TO BE GENUINE. I AGREE TO PAY FOR ANY AND ALL LEGAL OR COLLECTION FEES COMBINED WITH A 10% ANNUAL INTEREST RATE SHOULD IT NECESSARY TO COLLECT ANY CREDIT CARD CHARGES REFUSED BY ME OR REJECTED BY THE CREDIT CARD COMPANY. THIS AGREEMENT SHALL BE INTERPRETED UNDER, AND THE LAWS OF THE STATE OF CALIFORNIA HERETO SHALL GOVERN PERFORMANCE OF THE PARTIES, AND ANY ACTION HEREUNDER SHALL BE COMMENCED AND MAINTAINED IN SONOMA COUNTY. **I HAVE READ AND ACCEPT THESE TERMS & CONDITIONS. PLEASE SIGN OR TYPE NAME IN LIEU OF SIGNATURE:**

GUEST #1 SIGNATURE _____ DATE _____ GUEST #2 SIGNATURE _____ DATE _____