

CHIMNEY ROCK

Optional 2-Night Pre-Cruise Registration Form | "Spanish Food, Wine & Architecture" | July 23 – 25, 2019
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.
GUESTS USING FREE AIR PROVIDED BY CRUISE LINE WILL BE REQUIRED TO SUBMIT AN AIR DEVIATION AND ARE RESPONSIBLE FOR ALL RELATED FEES.

GUEST #1 _____ MOBILITY / DIETARY ISSUES: _____

GUEST #2 _____ MOBILITY / DIETARY ISSUES: _____

TRAVELING WITH FRIENDS? : _____

PRE-CRUISE BARCELONA PACKAGE | PER COUPLE **\$1,050.00 PER PERSON X 2 =** **\$2,100.00** \$ _____

HOTEL COLÓN | DESIGN DOUBLE ROOM ONE BED TWO BEDS | CANNOT BE GUARANTEED

SINGLE RATE: **\$1,050.00 + \$234.00 SINGLE SUPPLEMENT =** **\$1,284.00** \$ _____

OPTIONAL ROOM UPGRADE | RATES ARE PER ROOM FOR **TWO** NIGHTS AND ARE BASED ON DOUBLE OCCUPANCY AND AVAILABILITY. PLEASE INQUIRE FOR SINGLE RATES:

UPGRADE TO DESIGN CATHEDRAL SQUARE VIEW ROOM: **\$79.00**
UPGRADE TO SUPERIOR DESIGN ROOM: **\$106.00**
UPGRADE TO SUPERIOR DESIGN CATHEDRAL SQUARE VIEW ROOM: **\$172.00**

\$ _____

INDEPENDENT ROOM NIGHTS | RATES ARE PER ROOM PER NIGHT AND ARE BASED ON DOUBLE OCCUPANCY AND AVAILABILITY. PLEASE INQUIRE FOR SINGLE RATES:

DESIGN ROOM: **\$310.00** DESIGN CATHEDRAL SQUARE VIEW: **\$350.00**

SUPERIOR DESIGN ROOM: **\$363.00** SUPERIOR DESIGN CATHEDRAL SQUARE VIEW: **\$396.00**

ARRIVAL DATE _____ TOTAL ROOM NIGHTS: _____ \$ _____

TOTAL DUE \$ _____

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 25% 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