

NAME: Senior Class Trip

TRAVEL DATES: 12-19 March, 2015 - TBD

DESTINATION: Riviera Maya

ADULTS / MINORS: TBD/TBD - Group

TRIP ID: SCTRMX0316

#PAGES: 3

ITINERARY

Sunday, June 21, 2015

3829 71st Street, Suite B1, Urbandale, Iowa 50322

O: 515-528-9845 F: 515-528-9847

info@encoretravelltc.com

www.encoretravelltc.com

NOTE: Airlines reserve the right to change flight times up until the time of departure

NOTE: Airfare pricing and availability changes regularly and will change up until the time of ticketing

NOTE: Airlines can charge additional fees such as bag, seat, carry-on charges and more, paid directly at the airport

*****LAND ONLY, NO FLIGHTS ARE INCLUDED*****

The week of 12-19 March, 2016 - Barcelo Maya Beach Resort - All Inclusive - Riviera Maya, MX

Must have a minimum of 10 rooms to receive this group pricing

You can choose how many nights you would like to be at the resort, and the dates that you arrive and depart.

PER PERSON PRICING

						Child 2-
Superior	# Nights	Single	Double	Triple	Quad	12
Garden View	3	864	498	469	454	272
	4	1138	650	614	592	349
	5	1412	802	757	730	426
	6	1686	954	900	868	503
	7	1960	1106	1043	1006	580

						Child 2-
Jr Ste	# Nights	Single	Double	Triple	Quad	12
Oceanfront	3	1241	686	594	548	272
Club Premium	4	1640	901	778	717	349
	5	2039	1116	962	886	426
	6	2438	1331	1146	1055	503
	7	2837	1546	1330	1224	580

Transfers R/T	Included in the pricing above	
INITIAL	DATE	

NAME: Senior Class Trip TRIP ID: SCTRMX0316

Deposit



2nd Pmt 1 night per room due Nov12th Final Pmt Full amount due Dec 12th Cancellation Full refund if cancelled prior to Nov 12th All pmts are forfeited if cancelled after Nov 12th **Payments** You can use a credit card on the form for payments or pay by check payable to Encore Travel, LLC subject HSSB2016 Room Manifest Your rooming manifest is due by Nov 12th (names and DOB's in each room) Room Selection Room Category due at booking Trip Insurance Risk Free trip Protection Is NOT Included but can be purchased at the time of booking ********************************* Worksheet: Room Category:____ Single Double Triple Quad Room Occupancy: # of Nights: _____ Arrival Date: ____ Departure Date: ____ Total Cost Of Room: _____ Do you need more than 1 room? Please explain _____ Would you like Travel Insurance: Yes_____ No____ Total Cost Of Insurance: Total Cost Of Addl' Rooms:_____ Total Cost Of Land Portion Of The Trip: _____ Would you like us to book your flights or do you want to do that on your own? YES______ NO_____ INITIAL ____ DATE _____

\$150 per person due ASAP at the time of booking

NAME: Senior Class Trip TRIP ID: SCTRMX0316



Passport Information: A passport BOOK is required for all air travel by a U.S. Citizen when traveling in or out of the United States. A passport card is NOT valid for air Travel. Having the proper documentation is the sole responsibility of the traveler. Travelers who fail to present the proper documentation will be denied boarding and will be solely responsible for all fines, fees, penalties and additional expenses. Travel Insurance will NOT reimburse a traveler for additional expenses if denied for not having the proper documentation.

documentation will be denied boarding and will be reimburse a traveler for additional expenses if deni TSA Passport Info: 1	ed for not having the	proper docum		
Visa Information: Many countries require a visa t solely responsible for all fees, fines penalties and a will NOT reimburse for expenses incurred due to no Visa Info: http://trave	ndditional expenses in the proper	ncurred due to Visa documen	not having the proper Visa do	cumentation. Travel Insurance
Hotel/Resort/Transportation Fees: Some hotels the establishment on-site by the traveler.	, resorts, airlines, rail	l, car rental, tra	ansfers charge a fee on-site an	nd these fees are paid directly to
	DAGIGNIA	Initial	and Date:	
Passenger's Legal Names (as they appear on p YOUR PASSPORT OR TRAVELING ID. Change	assports) – YOUR I		OOB MUST MATCH IDENTIC	ALLY WITH
NAME	DOB	M/F	PASSPORT#	EXPIRE
NAME	DOB	M/F	PASSPORT#	EXPIRE
NAME	DOB	M/F	PASSPORT#	EXPIRE
NAME	DOB	M/F	PASSPORT#	EXPIRE
NAME	DOB	M/F	PASSPORT#	EXPIRE
NAME	DOB	M/F	PASSPORT#	EXPIRE
CARDHOLDER NAME	CAR	RD #		_
CCID# TYPE OF CARD	EXPIRES			
ADDRESS		EMAIL ADDR	ESS	
CITY STATE_	ZIP	CELL	PHONE #	
I AGREE TO CHARGE THE AMOUNT OF	FOR DEP	OSIT	FINAL PMT	-
I AGREE TO CHARGE THE BALANCE OF	NO LATER	THAN 60 DAY	S PRIOR TO DEPARTURE.	
TRIP PROTECTION IS ACCEPTED OR DE	CLINED TRII	P CANNOT BI	PROCESSED WITHOUT OF	PT IN OR OUT.
I understand that I'm subject to penalties if I ch changes orienting from the airlines, tour operate		trip. I further	acknowledge that Encore Tr	ravel is not responsible for
SIGNATURE OF CARDHOLDER		DA	re	
Please fill out completely and return all pages t	o Encore Travel via	e-mail or fax	to 515-528-9847	
THANK YOU FOR CHOOSING ENCORE TRAVE	L – LUXURY TRAVE	EL CONCIERO	SE FOR YOUR TRAVEL NEE	DS
INITIAI DATE				