

**For Reservations Contact:** Jennifer Jensen and/ or Tracie Velotta (303) 658-2294 email: westytravel@cityofwestminster.us The MAC, 3295 W 72nd Ave Unit A, Westminster, CO 80030-5480

A deposit of \$150 per person is due upon reservation. Reservations are made on a first come, first served basis. Final payment due by Sept 14, 2024. Deposits are refundable up until Aug 1, 2024.

### YOUR INFORMATION:

Clearly print your full name (first/middle/last) as it appears on your government issued travel documentation. (passport/Drivers, License)

**IMPORTANT:** In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to the ID being used to travel <passport/driver's license> including middle names or suffixes <Jr, Sr>.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: ( ) Male ( ) Female Date of Birth: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Should you become ill or injured, whom should we contact (not traveling with you): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**ROOMING WITH:** ☐ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**TRAVEL PROTECTION** is available and can be purchased Online at <https://atc.tripassure.com/main/?welcome=USTO7000WV>  
(Each person is responsible for their own insurance enrollment) If you choose not to purchase travel insurance, you will incur penalties for changes and cancellations. Travel Protection must be purchased within 10 days of deposit. The Insurance Fee does not cover any single supplement charges which arise from an individual's traveling companion electing to cancel for any reason prior to departure. The single supplement will be deducted from the refund of the person who cancels.

**PLEASE MAKE CHECKS PAYABLE TO:** City of Westminster ( ) Check ( ) Credit Card

Deposit Amount: \$ \_\_\_\_\_ Total amount enclosed: \$ \_\_\_\_\_

**SIGNATURE REQUIRED** for acceptance of the below conditions:

Date: \_\_\_\_\_

I -understand- and accept the cancellation policy, terms and conditions. See <https://www.ustoursamerica.com/terms-and-policies/> for full terms and conditions of your purchase.- Important Conditions: Your price is subject to increase prior to the time you make full payment. Your price is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes or fees.

