Saratoga Springs Preservation Foundation

www.saratogapreservation.org

DR Voice RESERVATION	Saratoga Springs Pre Reserva	gs Travel Tour eservation Foundation ation Form - Monday, February 17, 2020	
Please complete Al	LL PAGES in LEGIBLE PRINT, sign,	and remit with a COPY OF YOUR DRIVE	R'S LICENS
Name [as it appear	s on driver's license]		
Date of Birth	Citizenship		
E-mail address			
Address			
City/State		ZIP	
Phone (Day):	(Evening)	(Cell)	
Spouse/Partner's N	lame [as appearing on driver's lice	ense]	
Date of Birth	Citizenship		
E-mail address			
Please reserve a			
Name of Roommat	e [as it appears on driver's license	e]	
Date of Birth	Citizenship		
E-mail address			
		ZIP	
Phone (Day):	(Evening)	(Cell)	
Saratoga Springs Preser 112 Spring Street, Suite Saratoga Springs, NY 1 (518) 587-5030	203 2866		

PAYMENT INFORMATION for Palm Springs, February 12 – 17, 2020

SSPF Member Double Occupancy \$2,875 x (number of people) =	\$
SSPF Member Single Occupancy \$3,425 x (number of people) =	\$
	\$
Non-Member Single Occupancy \$3,650 x (number of people) =	\$
TOTAL TRIP COST	\$
Enclosed (\$500 per person to secure your reservation,	
or, if you prefer, total amount due.)	\$
BALANCE DUE (if any) by December 1, 2019	\$

FORM OF PAYMENT:

____ Check enclosed, made payable to "Saratoga Springs Preservation Foundation" or "SSPF"

Credit Card – please circle:	Visa	Mastercard	American Express
Card Number			
Expiration Date		CSV	
Signature			
PRINT YOUR NAME			

CANCELLATION / REFUND POLICY

Cancellation charges will be assessed as follows:

Prior to December 1, 2019: \$250 Per Person December 1, 2019 to Day of Departure: NO REFUND

Cancellation fees include all penalties assessed by the Hotels, Tour Companies, Ground Operator, and the Saratoga Springs Preservation Foundation (Foundation) in partnership with the The Landmark Society of Western New York (Landmark Society). Travel Insurance is strongly recommended, we encourage you to contact a travel professional to obtain insurance to protect you from loss of your deposit or payment in the event you must cancel.

RESPONSIBILITY: The Foundation in partnership with Landmark Society acts only as agents for the owners or contractors providing transportation or other services. All tickets are issued subject to any terms and conditions under which these means of transportation or other services are provided. The acceptance of your documents will be deemed to be consent to the further condition that neither the Foundation nor the Landmark Society will be held responsible in any way in connection with transportation or other services or for any loss however caused. The tickets and/or contracts in use by any owner or contractor providing

transportation or other services shall constitute the sole contract between themselves and the tour member. The right is reserved to withdraw any tour and/or make alterations in the itinerary, if found necessary, and to decline to accept or retain any persons as a member at any time. Bills are submitted subject to correction for error or adjustment for changes. The Foundation nor the Landmark Society is unable to provide a refund for any unused portion of the package. Package price is guaranteed when paid in full, however, may be subject to change based on currency fluctuations or tax increases or fuel charges, which are beyond the control of the Foundation and the Landmark Society. Coach seat assignments are on a request basis only and are not guaranteed. All trips are based on group space availability and are subject to be withdrawn by the Foundation and the Landmark Society at any time.

To the best of my/our knowledge, I/We are in good state of health and are not suffering from any physical condition which might be detrimental to my/our own safety, comfort and convenience and that of the other participants during the tour. If any participant named on this application has a specific physical condition, disability, allergy or dietary requirement that may require special attention or treatment, such details must be reported on this application. I understand that this trip may require walking, climbing stairs, and standing for extended periods. The Foundation and the Landmark Society reserve the right to deny participation to anyone who, in their opinion, may delay, interrupt, or in any way impede the normal course of the tour and, thus, affect the enjoyment of the remaining participants. I (we) have read, understand and agree to the conditions as set forth on this flyer, including those paragraphs relating to payments, cancellations, and refunds. One person may sign as a representative of all family members.

Signature_____

Date

Saratoga Springs Preservation Foundation SARATOGA SPRINGS PRESERVATION FOUNDATION

A Voice	SARATO	GA SPRINGS PRESERVATION EMERGENCY INFORMATI		
PRESERVATIO	N .	Please legibly PRINT		
N	TRAVELERS NAME			
	FOOD ALLERGIES			
	TRAVELERS NAME			
	FOOD ALLERGIES			
	ADDRESS	CITY	STATE	Zip
	TELEPHONE	CELL #		
	IN CASE OF AN EMERGENC	Y DURING THE TRIP PLEASE	NOTIFY:	
	NAME			
	RELATIONSHIP TO TRAVELE	R		
	ADDRESS	СІТҮ	STATE	Zip
	TELEPHONE (DAY)	(EVENING)	(CEL	L)
	EMAIL			
		cation, or do you have any mec o, please specify. This informati		
-	Traveling with:			
PLEA	ASE MAKE A COPY FOR YOUR RECO	DRDS AND RETURN THE RESERVAT	TION AND EMERGEN	ICY INFORMATION FORMS
	If paying by check or credit card	you may send it by mail to:		
	Saratoga Springs Preservation F 112 Spring Street, Suite 203 Saratoga Springs, NY 12866	oundation		
	If paying by credit card only you	may:		
:	Scan forms and email Nicole Ba	bie, Membership & Programs D	pirector, <u>nbabie@s</u>	aratogapreservation.org
		e call Nicole Babie, Membership		