

asolorep ADVENTURES

Canada Theatre Tour | June 17-24, 2020

GUEST NAME(S) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

PAYMENTS & RESERVATIONS

A non-refundable, tax-deductible deposit of \$1,000 per person is due at the time of booking. Visa, MasterCard, American Express, Discover Card or check (payable to **Asolo Repertory Theatre**) will be accepted. Prices exclude airfare, airport transfers and meals/activities not included in the itinerary. Rooms will be sold on a first-come, first-served basis.

_____ **SINGLE OCCUPANCY | \$6,995 - One king bed**

Time of booking	\$1,000 – tax-deductible, non-refundable deposit
December 16, 2019	\$2,997.50 – 50% of the remaining balance
March 19, 2020 (90 days)	\$2,997.50 – Remaining balance

_____ **DOUBLE OCCUPANCY | \$10,995 - One king bed**

Time of booking	\$2,000 – tax-deductible, non-refundable deposit
December 16, 2019	\$4,497.50 – 50% of the remaining balance
March 19, 2020 (90 days)	\$4,497.50 – Remaining balance

_____ *I have a wheelchair/need a wheelchair accessible room*

_____ **Double Occupancy/Two Singles.** *I would like two beds instead of one king (I understand additional fees may apply)*

FINAL PAYMENT IS DUE MARCH 19, 2020

Cancellation policy: All cancellations will be assessed a tax-deductible donation to Asolo Rep Theatre of \$1,000 per person. Cancellation requests must be made in writing to Asolo Rep's Special Events Manager. If the request is received at least 121 days prior to trip date (February 17, 2020), a refund of deposit, less the Asolo Rep donation, will be made. Later cancellations will be assessed the following charges:

<u>Days Prior to Trip</u>	<u>Cancellation Fee</u>
120 to 91	25% of total trip cost
90 to 61	50% of total trip cost
60 to 31	75% of total trip cost
30 to 0	100% of total trip cost

PAYMENT INFORMATION

_____ **Check** (payable to Asolo Repertory Theatre)

_____ **Credit card** (Visa, MasterCard, American Express, and Discover)

Credit Card # _____ Exp. Date _____

Name as it appears on card _____ Signature _____

Charge my card for the full amount of \$ _____

Charge my card according to the _____ Single Occupancy or _____ Double Occupancy payment schedule (above)

CONTACT

Laura Stuart Wood, Manager of Special Events

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Mail: 5555 N. Tamiami Trail, Sarasota, FL 34243 | **Web:** WWW.ASOLOREP.ORG/TRIPS