

Canadian Rockies and Glacier National Park

September 16-24, 2019



DAY 1 - September, 16, 2019

Comfort Inn, Minot, ND

DAY 2 - September 17

Medicine Hat Resort, AB

DAY 3 - September 18

Holiday Inn, Calgary, AB

DAY 4 - September 19

Banff Inns of Banff

DAY 5 - September 20

Sawridge Inn, Jasper

DAY 6 - September 21

Best Western Invermere, BC

DAY 7 - September 22

Best Western, Havre, MT

DAY 8 - September 23

Country Inn, Bismarck, ND

DAY 9 - September 24

Home

Tour Highlights

9 days/8 nights

Cost TBA

- Cascade Gardens, Bow Falls, Sulphur Mountain and Gondola Ride-Banff
- Tour of Banff National Park — Mountains and Waterfalls, Lake Louise, Columbia Icefield, Glacier Skywalk
- Jasper National Park-Athabasca River
- Yoho National Park-Takakaw Falls
- Glacier National Park — Red bus tour on Going to the Sun Road
- 8 breakfasts, rest of meals tba
- All hotel accommodations & baggage handling when appl.
- Deluxe motorcoach
- Experienced tour manager and motorcoach driver

\$100.00 deposit due at time of registration, balance due by July 16, 2019. Passport or Pass card required

Fees include all hotel accommodations, deluxe motorcoach transportation, activities and meals as indicated, luggage handling for one bag and SLP Escort.

CANCELLATION POLICY

Full refund provided by Spring Park Recreation up to 7-16-19 after that date you must file a claim with Travel Insured International.

SLP Recreation has purchased the Group Protection plan from Travel Insured International on behalf of all participants.

CALL 763-792-7201 FOR MORE INFORMATION

EXTENDED TOUR RESERVATION FORM

Canadian Rockies and Glacier National Park

A deposit of \$100 per person is due upon reservation. Final payment due by 7-16-19

Clearly print your full name (first/middle/last) as it appears on your government issued ID.

FIRST _____ MIDDLE _____ LAST _____

NICKNAME _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

PASSPORT# _____ ISSUE DATE _____ PLACE OF ISSUE _____

PASSPORT EXPIRATION DATE _____ BIRTHDATE (M/D/YY) _____

ROOMING WITH :

First: _____ Middle: _____ Last: _____

First: _____ Middle: _____ Last: _____

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

Emergency Contact Phone () _____

SPECIAL NEEDS/ALLERGIES: _____

TYPE OF ROOM: Double Occupancy: \$TBA
 Single Occupancy: \$TBA
 Triple Occupancy: \$TBA

CANCELLATION POLICY

Full refund provided by Spring Park Recreation up to 7-16-19 after that date you must file a claim with Travel Insured International.

SLP Recreation has purchased the Group Protection plan from Travel Insured International on behalf of all participant

PAYMENT AMOUNT ENCLOSED: _____ PAYMENT FOR (NAME) _____

Please make checks payable to: **Spring Lake Park Recreation Department**

Return form and check to: **Spring Lake Park Recreation**
 1301 81st Avenue NE
 Spring Lake Park, MN 55432

Credit Cards accepted with additional 3% charge.

Cardholder Name (if paying by Credit Card): _____

Amount: \$ _____ *Credit Card Number:* _____ *Expiration Date:* _____ *CSC* _____

Signature—if paying with credit

FOR OFFICE USE ONLY	
RECEIPT # _____	AMOUNT PD: _____
DATE PD. _____	RECEIPTED BY _____
CHECK # _____	