Annapolis and Arnold Senior Centers Present
2021 Iceland Magical Northern Lights October 13-19, 2021
$3174* per person double occupancy, $3574* Please call about optional insurance

Tour operated by Collette Tours, *Included in price –Round trip air from BWI, accommodations, meals, sightseeing, transportation throughout. The rate also includes a $25 Senior Center administration fee
Go to www.BestConnectionTravel.com/ASCIceland for full tour details

DEPOSIT DUE BY January 15, 2021: $600 per person. Balance due July 5, 2021

Please make checks payable to Best Connection Travel.

Card Type _____Name on Card_____ **Amount of deposit_____**

Card #_____Expiration Date_____ **Security Code_____**

FAX form to Rosie at 410-224-4777, scan and email to Rosie@Bestconnectiontravel.com or mail to Best Connection Travel, 2005-2 West Street, Annapolis, MD 21401

Is This Trip Right for You?
This is a moderately active, adventurous program, different from other tours because of the extreme climate and unpredictable weather conditions searching for the Northern Lights. The tours, which run between 2-5 hours, depart between 9-10 pm and often extend late into the evening as exact schedules depend on local weather conditions. **Sightings cannot be guaranteed**. You can expect to walk over rough, uneven terrain in dark conditions, and therefore proper winter clothing and footwear as well as a flashlight are essential for your safety and comfort. Do not expect bathroom facilities at the sites. We suggest to carry tissues and hand sanitizer. For more information please Rosie 410-224-4555.

PLEASE READ CAREFULLY. CALL ROSIE AT BCT IF YOU HAVE ANY QUESTIONS.

Best Connection Travel, Inc. (BCT) acts solely as agent for accepting reservations for **COLLETTE TOURS** and any other suppliers used in connection with this package. As agent, BCT's sole financial liability is limited to the amount of commissions paid by suppliers for making your reservations.

BCT is not responsible or liable for breach of contract or any other intentional or careless actions or omissions on part of such suppliers which result in delays, missed connections, climatic conditions, losses, damages, or additional expenses owing to change in advertised schedules, change in any service or accommodations, or any other causes beyond our control. In the event the services and accommodations set forth on this flyer cannot be supplied because of delays or other causes, BCT will use its best efforts, provided we have received notice of the delay or disruption, to arrange for comparable services and accommodations.

We strongly suggest the purchase of travel protection insurance. INSURANCE will cover your costs should you cancel for a covered reason. It also covers emergency medical expense while traveling.

BCT charges $25 per reservation for changes including cancellations.

Supplier cancellation penalties cannot be waived for any reason. **Collette terms and conditions apply.**

This tour includes numerous walking tours over uneven surfaces. **Many of the sites visited, though lovely, are not ADA compliant**.

This departure has the following cancellation policies:
APRIL 14, 2021– 8/15, 2020 $500 per person
8/16/21-9/26/21 30% per person
9/27/21-10/11/21- 50% per person
Day of departure 100% per person

AIR CANCELLATIONS
Penalties will apply based on the airline booked. Cancellation schedule will be advised when airline seats are confirmed by the airline.

Your passport must be valid until April 12, 2022 for this tour.

I have read this form.

Passenger 1, Signature Required:

_____

Passenger 2, Signature Required:

_____

A deposit and a reservation form are required to hold a reservation

Your Travel Planner Rosie Cavin
Best Connection Travel Inc
2005-2 West Street
Annapolis, MD 21401
410-224-4555

Please go to our website:
www.bestconnectiontravel.com to view our
PRIVACY STATEMENT

Print your names EXACTLY as they appear on your passports Complete SEPARATE FORMS if you want to be billed separately.

FIRST PASSENGER First, middle, last name

_____

Date of Birth_____ Male____ Female_____

Address_____

City_____ State_____ Zip _____

Phone_____ Cell _____

Name for Name Tag_____ Passport Expiry Date_____

Email for updates_____

Special Dietary or Medical Needs_____

SECOND PASSENGER First, middle, last name

_____

Date of Birth_____ _____ Male____ Female_____

Phone_____ Cell_____

Name for Name Tag_____ Passport Expiry Date_____

Email for updates_____

Special Dietary or Medical Needs_____

Accommodations:
Single (1 bed))____ Double (1 bed, 2 people)____ Twin (2 beds, 2 people)____

Name of roommate if on a separate form