

# TRAIN MAGIC 2010 Registration Form

Booking # \_\_\_\_\_

Please print clearly

*Last Name (passenger 1)		*Last Name (passenger 2)	
*First Name (passenger 1)		*First Name (passenger 2)	
Name you prefer to be called		Name you prefer to be called	
<b>Train Departure City:</b> <input type="checkbox"/> Emeryville <input type="checkbox"/> Martinez <input type="checkbox"/> Suisun <input type="checkbox"/> Sacramento		<b>Train Departure City:</b> <input type="checkbox"/> Emeryville <input type="checkbox"/> Martinez <input type="checkbox"/> Suisun <input type="checkbox"/> Sacramento	
<b>Hotel Room Preferences</b> (request but not guaranteed) Room Type: <input type="checkbox"/> Non-smoking <input type="checkbox"/> Smoking ___ Request Handicapped room (if available) Bed Type: <input type="checkbox"/> 2 Doubles <input type="checkbox"/> 1 Queen/King ___ Rollaway bed (hotel charges extra fee for this)			
Address		Address	
City, State, Zip		City, State, Zip	
Phone (home)	(cell)	Phone (home)	(cell)
Email:		Email:	
Emergency Contact Person - Name		Emergency Contact Person - Name	
Phone:		Phone:	

**Train Magic on Reno Fun Train**  
**Date: February 26-28, 2010**  
**Hotel: Silver Legacy Hotel & Casino**

**Reservation & Contact Info:**  
 Send Registration Form with cc info or check payable to:  
 Michelle Kinkaid  
 671 Athens St., San Francisco, CA 94112  
 Phone/Fax: 415-585-6282  
 Email: wcdancer@ix.netcom.com  
 Web: www.michelledance.com  
 (see website for details)

**Cancellation Policy:** (from Key Holidays)  
 Refund of Deposit less applicable taxes & fees up to 60 days prior to departure, 60-15 days is 25% penalty, 14 days or less & no shows are 100% penalty. Cancellations must be in writing. All refunds will be processed after train date.

**\*Cancellation Waiver:** (from Key Holidays)  
 Cost is \$10 per person (non-refundable), and must be paid at the time of final payment. It allows guests to cancel for any reason up to 48 hrs prior to departure for full refund (less \$10) (Note: this is not travel insurance)

\$25 fee for returned checks and cc charge backs.

**Registration Fees** (per person)

Select Room Occupancy Type:	Qty	Rate (from)	Total
<input type="checkbox"/> Double Occupancy (2 per room)	___ x	\$339 pp	= ___
<input type="checkbox"/> Triple Occupancy (3 per room)	___ x	\$314 pp	= ___
<input type="checkbox"/> Single Occupancy (1 per room)	___ x	\$421 pp	= ___
<input type="checkbox"/> Train Only (no Hotel)	___ x	\$245 pp	= ___
<input type="checkbox"/> Cancellation Waiver*	___ x	\$10 pp	= ___
<b>Total Amount Due</b>			<b>___</b>

**Deposit** (due upon booking)  x \$20pp = \$ \_\_\_\_\_

**Final Payment** (in full after 1/3/10) \$ \_\_\_\_\_

Payment method (CC / Check / Cash) \_\_\_\_\_

**NOTE: Fuel surcharge may be imposed by Amtrak. You agree to Cancellation Fees and Policies as imposed by Key Holidays. Details subject to change. I certify that I am over 21 years old.**

\_\_\_\_\_  
 Authorized Signature (1)

\_\_\_\_\_  
 Authorized Signature (2)

**Credit Card Information: Passenger #1**

Visa  M/C  Discover

CC# \_\_\_\_\_

Exp Date: \_\_\_\_\_ 3-digit ID# \_\_\_\_\_

Name on Card & your Billing Address:  
 Same as above  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Credit Card Information: Passenger #2**

Visa  M/C  Discover

CC# \_\_\_\_\_

Exp Date: \_\_\_\_\_ 3-digit ID# \_\_\_\_\_

Name on Card & your Billing Address:  
 Same as above  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_