

# TRAIN MAGIC 2017 Registration Form

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 > Oakland <input type="checkbox"/> Richmond (Bart connection only) <input type="checkbox"/> Martinez <input type="checkbox"/> Suisun <input type="checkbox"/> Sacramento		<b>Train Departure City:</b> <input type="checkbox"/> Emeryville > Oakland <input type="checkbox"/> Richmond (Bart connection only) <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 24-26, 2017**  
**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: michellekinkaid5678@gmail.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 + fees, 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)

\$35 fee for returned checks and cc charge backs.

**Registration Fees\*** (per person)

Select Room Occupancy Type:	Qty	Rate (from)	EBD*	Total
<input type="checkbox"/> Double Occupancy (2 per room)	x	\$400 pp	\$385 pp	
<input type="checkbox"/> Triple Occupancy (3 per room)	x	\$370 pp	\$355 pp	
<input type="checkbox"/> Single Occupancy (1 per room)	x	\$504 pp	\$489 pp	
<input type="checkbox"/> Train Only (no Hotel)	x	\$294 pp	\$279 pp	
<input type="checkbox"/> Cancellation Waiver	x	\$10 pp	\$10 pp	
<input type="checkbox"/> Other:	x	pp		
<b>Total Amount Due</b>				

**\*EBD - Early Booking Discount**  
**\$15 off if paid in full by \*\*1/5/17**

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

NOTE: There is a \$25 fee for each change made to booking.

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 CC Billing Address:  
 Address as above

\_\_\_\_\_  
 \_\_\_\_\_

**Credit Card Information: Passenger #2**

Visa  M/C  Discover  
 CC# \_\_\_\_\_  
 Exp Date: \_\_\_\_\_ 3-digit ID# \_\_\_\_\_  
 Name on Card & your CC Billing Address:  
 Address as above

\_\_\_\_\_  
 \_\_\_\_\_