

If reserving space in a double, please indicate names of both parties. Deposits may be paid separately. Deposit must accompany this form to confirm participation. Complete one form per room. Please note, your passport must be valid at least **90 days** after the date of entry into **Mexico**. **Initial here to indicate you understand the passport requirements previously noted:** _____

PARTICIPANT INFORMATION:

GUEST 1			
LAST NAME (AS SHOWN ON PASSPORT)	FIRST NAME	MIDDLE	
ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE			
HOME	CELL	OFFICE	
EMAIL**		ALT EMAIL	
<small>** ALL INFORMATION, TRAVEL TIPS, FORMS, CONFIRMATIONS, AND INVOICES ARE SENT ELECTRONICALLY.</small>			

GUEST 2*			
LAST NAME (AS SHOWN ON PASSPORT)	FIRST NAME	MIDDLE	
ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE			
HOME	CELL	OFFICE	
EMAIL**		ALT EMAIL	
<small>** ALL INFORMATION, TRAVEL TIPS, FORMS, CONFIRMATIONS, AND INVOICES ARE SENT ELECTRONICALLY. * <input type="checkbox"/> INVOICE INDIVIDUALLY <input type="checkbox"/> DEPOSITS SENT SEPARATELY</small>			

ACCOMMODATIONS: (COST PER PERSON)

<input type="checkbox"/> DOUBLE ROOM \$3,250 USD	<small>IF RESERVING SPACES IN DOUBLE OCCUPANCY, PLEASE PROVIDE BOTH NAMES ABOVE AND INDICATE:</small>	<input type="checkbox"/> 1 KING BED OR <input type="checkbox"/> 2 DOUBLE BEDS
<input type="checkbox"/> SINGLE ROOM \$3,990 USD		

OPTIONAL EXTENSION	
<input type="checkbox"/> DOUBLE ROOM \$600 USD	<input type="checkbox"/> I REQUIRE ADDITIONAL HOTEL NIGHTS AT \$385 USD PER NIGHT
<input type="checkbox"/> SINGLE ROOM \$415 USD	PLEASE INDICATE DATE(S) FOR ADDITIONAL HOTEL NIGHTS:

Total amount of deposit \$ _____. Enclose your deposit payable to **SHELDON ART ASSOCIATION** for the amount of **\$1,000 per person** to reserve your space. **Deposit due no later than SEPTEMBER 1, 2018.**

Upon receipt of your deposit, a letter of confirmation will be sent to you electronically. Additional information and forms to be completed and returned will be sent at a later date. An invoice for the remaining balance owed will be included at that time. **Full payment is due by NOVEMBER 15, 2018.**

PAYMENT:

- Payments are nontransferable and nonrefundable after the dates noted in the cancellation policy
- **Check or Credit Card payable to Sheldon Art Association**
- Visa or Mastercard
- Card Number _____
- Expiration Date _____

CANCELLATION POLICY:

- Initial deposit of \$1,000 per person is non-refundable. This deposit is paid in full to the hotel, and is not refundable as per hotel's cancellation policy. It is applied towards final invoice.
- Individual cancellations made on or after December 5, 2018, will forfeit the entire cost of the trip.
- Replacements for cancellations will be accepted up until January 5, 2019 without penalty.
- No replacements accepted on or after January 6, 2019.
- All cancellations/changes must be made in writing by the group coordinator nelsa@mexicoculturaltravel.com
- Adding travelers to the group after December 4, 2018 is subject to availability.

By signing below, I hereby agree to the aforementioned cancellation policy.

Signature: _____ **Date:** _____

We strongly recommend you purchase Trip Cancellation Insurance to cover unforeseen circumstances requiring cancellation of your travel. Information on acquiring trip insurance will be sent to you with your letter of confirmation. You will have two weeks from the date of confirmation to apply for insurance for coverage of pre-existing conditions.

Please return this form along with your payment to SHELDON ART ASSOCIATION to: