ACTON RECREATION REFUND POLICY: An administrative processing fee of \$6 will be added to each participant's registration. No administrative fee will be charged if participant pays via cash or check at the Acton Recreation Office. If a trip is cancelled by the bus company or Acton Recreation, we will issue a full refund. This trip is Non-Refundable, tours and inclusions are subject to change. You must purchase optional trip insurance to be eligible to receive a refund.

See Trip Insurance information below. <u>Please note that a non-refundable administrative fee of \$25 per</u> person will be applied by Acton Recreation regardless if you have purchased trip insurance and you cancel for any reason.



3 SILVER FOX DRIVE MILLBURY, MASSACHUSffis 01527 508.865.6000 - MASS WAITS LINE 1800-734-8106 NATIONWIDE 1-800-342-5998

## FOX TOURS MOTORCOACH TOUR WAIVER FEE

For a fee of \$20.00 per person on overnight tours or \$10.00 per person on one day tours, you may cancel your reservation at any time without any penalty charges *(LESS ACTON REC. ADM. FEES NOTED ABOVE)* being assessed by Silver Fox Tours. This is strictly a cancellation fee for Fox Tours motorcoach programs.

If your tour is interrupted and you must return home, you will be refunded any unused services. If there is a death of an immediate family member in which case a physician's letter is mandatory, return transportation is included (first choice is by scheduled motorcoach). This does not cover transportation due to an illness.

The waiver fee form must be signed and returned to our office (with a separate check) no later than 60 days prior to departure. If a new booking occurs within 60 days, a signed application and check must accompany the full payment for the reservation.

A group leader may choose to cover every participant by simply including the fee in the tour price which is very convenient and therefore each participant is automatically covered.

Please sign and remit by separate check to:

FOX TOURS, INC. ATIN: TOUR OFFICE 3 SILVER FOX DRIVE MILLBURY, MA 01527

Name (Please print)					
Street Address:	City:		State:	Zip:	
Telephone #1:(	)cell home work	Telephone #2: (	)	cell	home work
Tour Name:		Departing on:			
Group Name: ACT	ON RECREATION DEPARTMENT				
Your Signature:		Date:			<u> </u>