

3 SILVER FOX DRIVE
MILLBURY, MASSACHUSETTS 01527
508-865-6000 • MASS WATTS LINE 1-800-734-8106
NATIONWIDE 1-800-342-5998

## FOX TOURS MOTORCOACH TOUR WAIVER FEE

For a fee of \$15.00 per person on overnight tours or \$10.00 per person on one day tours, you may cancel your reservation without any penalty charges being assessed. This is strictly a cancellation fee for Fox Tours motorcoach programs and does not apply to any air tour, cruise, or inter-modal tour.

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 illness.

The waiver fee form must be signed and returned to our office (with separate check) 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. ATTN: TOUR OFFICE 3 SILVER FOX DRIVE MILLBURY, MA 01527  For Fox Tours Motorcoach Tour Cancellation Fee:  DNLY NEW RESERVATIONS MAY APPLY WITHIN 60 DAYS OF DEPARTURE!  Name:  Street Address:  City:  State:  Departing On:  Complete the following only if you are traveling with a group.  Group Name  Group Leader's Name  For office use only  Received Date:  Accepted By:  Cancellation Date:  Processing Date:  Processing Date:		Coupon	
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City:State:	Name:		
Four Name: Departing On:  Complete the following only if you are traveling with a group.  Group Name Group Leader's Name  For office use only  Received Date: Accepted By:	Street Address:		
Complete the following only if you are traveling with a group.  Group Name Group Leader's Name  Your Signature: Date:  For office use only  Received Date: Accepted By:	City:	State:	Zip:
Complete the following only if you are traveling with a group.  Group Name	Telephone: Area Code: ( )		
Group Name Group Leader's Name	Tour Name:	Departing On:	
For office use only  Received Date: Accepted By:	Complete the following only if you are trave	eling with a group.	
For office use only  Received Date: Accepted By:	Group Name	Group Leader's Name	
Received Date: Accepted By:	Your Signature:	Date:	
		For office use only	
Cancellation Date: Processing Date:	Received Date:	Accepted By:	
	Cancellation Date:	Processing Date:	