TOUR & TRAVEL ACKNOWLEDGMENT

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<u>(1)</u>	PASSENGER NAME(S) <u>Last Name</u> <u>First Name</u> <u>Middle Na</u>		TELEPHONE NUMBERS H (
	I understand that you will notify me within 7	days if my flight is fully booked.	
	Please retain my payment and place r	my name on a waiting list for this flight.	
	Please return my payment immediate	, ,	
	health accide	llation coverage coverage ent coverage ent coverage enterprise flight to cover this reservation (check one):	
	☐ Insurance: Please send me info	rmation on optional trip cancellation, health, and accident insurance	ce.
	 ☐ Tour Itinerary Hotel: <u>Harrah's Laughlin Hotel and Carterian Carterian</u> Length of Stay: Ground Transportation: <u>Bus</u> Other Services: <u>Hotel Stay Included</u> 	asino	
	Origin City: Tour package, if any, desired	Destination City: Bullhead City, AZ / Laughlin, NV	
		Return date:	

Please sign and return to: Harrah's Laughlin, Inc. Attn: Air Program Department 2900 South Casino Drive Laughlin, NV 89029 Facsimile: (702) 298-8505

SPECIAL NOTICE TO PERSONS UNDER AGE 21

Nevada law prohibits person(s) under the age of 21 from gambling in, or loitering about, a casino and from consuming alcoholic beverages.

Any trip participant under the age of 21 will not be permitted to engage in these activities. To the extent that such activities may constitute a pre-

To the extent that such activities may constitute a prepaid component of a Tour Program, any participant under the age of 21 will be provided with substitute item(s) equivalent in value.

If a question arises concerning a participant's age and the participant does not have appropriate documentation to prove his/her age, the participant will be presumed to be under the age of 21.