



**SLOTS OF FUN**  
**Wendover Nevada**  
**April 25 – May 1, 2010**

**7 Day Circle Tour – Slots of Fun at 14 Casinos - WOW**

**COST**

**SINGLE - \$539.00**

**DOUBLE - \$389.00 (each)**

**TRIPLE/QUAD - \$329.00 (each)**

**INCLUDES**

- **Return coach** from Calgary
- **6 Nights Accommodation** - Kootenai River Inn 1-800-346-5668; Clearwater River Casino Resort - 1-208-746-0723, The Rainbow (3 nights) 1-800-648-9660 & Comfort Inn Idaho Falls 1-208-528-2804
- **Complimentary Shows @ The Rainbow**
- **Duty Free** option (Canadian & U.S.)
- **Certified guide** who can handle exceptionalities
- **Cancellation insurance** \$40.00
- **Many casino packages** e.g., cash, meals, table play, cocktails, buffets, gifts - WOW!

**EXCLUDES**

- **Some meals, gratuities** for meals, guide(s) & driver; **baggage transfer** (\$20.00/person/bag)
- **Optional Medical Insurance** - (add amount to trip cost as well as your age (on date of trip)
  - **Cost: 0 – 64:** \$45.00; **65 – 69:** \$49.00; **70 – 74:** \$59.00; **75-79:** \$69.00; **80+** \$99.00
  - **Any person over 70** – if during the 180 day period immediately preceding the trip date you suffered any loss as a result of an injury or a sickness which required any or all of, medical consultation, prescription medication, medical treatment or hospitalization may be excluded from medical coverage. **Completion of a questionnaire may be required.**

**PICK-UP/DEPARTURE**

- **North Pick-up: Quality Inn** – 4804 Edmonton Trail N.E. Calgary (additional parking cost to leave your vehicle)
- **South Pick-up: Delta South** - 135 Southland Dr. S.E Calgary (free parking)
- **Out of town locations or large groups (16+) must be arranged at time of booking**  
\*Departure times T.B.A. approximately one week prior to the trip.

**CUSTOMS REQUIREMENTS** - You must have/provide:

- A valid **PASSPORT**
- If you **ARE NOT** a Canadian Citizen you **MUST HAVE APPROPRIATE DOCUMENTATION!!**
- **DATE OF BIRTH** –Must be given at registration for Customs purposes

**Mail registration forms & cheques to:**

Lifetime Highs Inc  
3408 Caribou Dr N.W. T2L 0S5  
[www.lifetimehighs.com](http://www.lifetimehighs.com)

**For more info. call/e-mail or visit our website:**

(403) 282-5734 ph  
(403) 220-0689 fax  
email: [lifetimehighs@shaw.ca](mailto:lifetimehighs@shaw.ca)

**NOTE: Registration confirmed when payment is received on a FIRST PAID/FIRST CONFIRMED basis. Rates and/or programs are subject to change without advance notice.**



# SLOTS OF FUN

## Wendover Nevada Registration form

### April 25 – May 1, 2010

### Please Print Clearly & Complete Fully

1. \_\_\_\_\_  
 Traveler's Name ( **Passport** )  
 \_\_\_\_\_  
 (Name Tag Name)  
 \_\_\_\_\_  
 Address:  
 \_\_\_\_\_  
 City & Postal Code:  
 \_\_\_\_\_  
 Phone:  
 \_\_\_\_\_  
 Email Address:  
 \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_  
 Citizenship: \_\_\_\_\_

2. \_\_\_\_\_  
 Traveler's Name ( **Passport** )  
 \_\_\_\_\_  
 (Name Tag Name)  
 \_\_\_\_\_  
 Address:  
 \_\_\_\_\_  
 City & Postal Code:  
 \_\_\_\_\_  
 Phone:  
 \_\_\_\_\_  
 Email Address:  
 \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_  
 Citizenship: \_\_\_\_\_

### ROOM REQUESTS – Please "X" your requests

\*Note: Preferences are on "request basis only" and are NOT guaranteed

1 Bed \_\_\_ 2 Beds \_\_\_ 2 beds & cot \_\_\_ Handicapped \_\_\_ Smoking \_\_\_ Non-Smoking \_\_\_  
 Any exceptionalities or pre-medicated conditions? (e.g. motion sickness, walker, diabetes, etc.)  
 Traveler 1: Yes \_\_\_ No \_\_\_ List: \_\_\_\_\_  
 Traveler 2: Yes \_\_\_ No \_\_\_ List: \_\_\_\_\_

I want baggage transfers (additional \$20.00/bag/person) Traveler 1: Yes \_\_\_ No \_\_\_  
 Traveler 2: Yes \_\_\_ No \_\_\_

### PAYMENT INFORMATION – (Enter Cost in each blank space)

Payment enclosed for Traveler 1: Trip \_\_\_\_\_ Baggage: \_\_\_\_\_ TOTAL: \_\_\_\_\_  
 Payment enclosed for Traveler 2: Trip: \_\_\_\_\_ Baggage: \_\_\_\_\_ TOTAL: \_\_\_\_\_

I will board bus at: Traveler 1: Cgy. North \_\_\_ Cgy. South \_\_\_ Other (list) \_\_\_  
 Traveler 2: Cgy. North \_\_\_ Cgy. South \_\_\_ Other (list) \_\_\_

### EMERGENCY CONTACT INFORMATION

<b>Traveler 1:</b> Contact's Name: _____ Phone Number: _____ Relationship: _____	<b>Traveler 2:</b> Contact's Name: _____ Phone Number: _____ Relationship: _____
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 Lifetime Highs Inc  
 3408 Caribou Dr. N.W. – Calgary T2L 0S5

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[lifetimehighs@shaw.ca](mailto:lifetimehighs@shaw.ca)  
[www.lifetimehighs.com](http://www.lifetimehighs.com)