

# Tour Reservation & Credit Card Authorization

I AM REGISTERING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

	Name	Address	Email	Phone	Flights/Cruises only Date of Birth
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

→ **BOARDING CROSSING:** Passport/EDL #: \_\_\_\_\_ **\*\*Photo copy required for airlines/cruises\*\***

## → **PAYMENT**

**Check Amount:** \$ \_\_\_\_\_ OR- **Credit Card** \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_  
Mastercard, Visa, Discover

Signature of Cardholder: X \_\_\_\_\_ 3 digit Security Code \_\_\_\_\_

I authorize Champlain Tours to charge \$ \_\_\_\_\_ upon receipt of registration form. **(One day trips require payment in full)**

1<sup>st</sup> Installment: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Installment: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Installment: \_\_\_\_\_ Date: \_\_\_\_\_

Total amount (with travel protection) to be charged to the card: \$ \_\_\_\_\_

→ **TRAVEL PROTECTION** \_\_\_\_\_ YES \_\_\_\_\_ NO **\*Please refer to backside, or call for a quote**

→ **HEALTH / ROOM TYPE / SPECIAL REQUESTS:** **Please indicate food allergies, medical conditions, mobility issues**

I am sharing a room with: \_\_\_\_\_ I'd like to sit with: \_\_\_\_\_

ROOM TYPE: 2  BEDS  1 BED  SMOKING

I NEED A LOCAL HOTEL THE NIGHT BEFORE OR AFTER THE TRIP: YES: \_\_\_\_\_ NO: \_\_\_\_\_ **(Additional fee applies)**

→ **CASINOS GROUPS** Please provide Winner's Club card numbers: \_\_\_\_\_

→ **I have read the General Information located in the Catalog and website.** YES: \_\_\_\_\_ NO: \_\_\_\_\_

→ **In the event of an emergency, please contact:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

→ **PICKUP POINT:** X \_\_\_\_\_

**Please refer to Pick-up options in catalog and webpage. No pick-up point guaranteed.**



## Champlain Tours Travel Protection Enrollment Form

Champlain Tours recommends that you purchase a travel protection plan that helps protect you and your travel investment. See below for more information regarding the plan we recommend. If you are interested in the travel protection plan we offer, through Travelex Insurance Services, please fill out the Enrollment form below and send back to Champlain Tours. For more information, contact us at 802-540-0055.

Plan Benefits	Maximum Coverage Per Person (up to the limits below)
Trip Cancellation	100% of Insured Trip Cost
Trip Interruption	150% of Insured Trip Cost
Trip Delay	\$1,000
Missed Cruise Connection	\$1,000
Baggage & Personal Effects	\$1,500
Baggage Delay	\$250
Emergency Medical & Dental Expenses	\$50,000
Emergency Evacuation/Repatriation	\$250,000
24 Hour AD&D	\$25,000
Travel Assistance & Concierge Services*	Included

Trip Cost Per Person	Plan Cost Per Person**
\$1 - \$500	\$50
\$501 - \$1,000	\$75
\$1,001 - \$1,500	\$105
\$1,501 - \$2,000	\$137
\$2,001 - \$3,000	\$187
\$3,001 - \$4,000	\$248
\$4,001 - \$5,000	\$313
\$5,001 - \$6,000	\$373
\$6,001 - \$7,000	\$435
\$7,001 - \$8,000	\$498

### All applications and payments shall be addressed to Champlain Tours

360° GROUP COMPREHENSIVE TRAVEL PROTECTION PLAN ENROLLMENT FORM
Name(s):
Address:
Phone:
Tour Name:
Destination:
Trip Departure Date:
Trip Return Date:
Full Cost of Trip (per person):
Total Protection Plan Cost:
Date of application:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I represent that the above information is true and the dates are accurate. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. If you wish to obtain a fraud statement specific to your state of residence, please call 1-888-574-7026.

\*Travel Assistance & Concierge Services are provided by the designated provider listed in the Description of Coverage.

\*\*Rates are subject to change. Prior to purchase, you may request a copy of the Description of Coverage which includes a summary of the plan details on benefits, coverages, limitations and exclusions of the insurance plan. Travel Insurance is underwritten by Transamerica Casualty Insurance Company, Columbus, OH; NAIC #10952. 1390884

This plan provides insurance coverage for your trip that applies only during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with existing life, health, home and automobile policies. If you have any questions about your current coverage, call your insurer, insurance agent or broker. The purchase of this plan is not required in order to purchase any other products or service offered to you by Champlain Tours.