

CRUISE 2024

TOUR REGISTRATION

Enclosed is my \$250 per person deposit for the ____EASTERN CARIBBEAN CARNIVAL CRUISE____ tour.

Have you traveled with us before? (If No, please fill out the following c			current? YES NO mation blank, but please fill out all other
info, sign the waiver, and submit wit			1
Name	Birthdate	Name on I	Name Tag
Address	City	State	Zip
Email Cell			
Any medical/mobility issues?		Any food allergi	es/restrictions?
Roommate	Birthdate	Name on Name Tag	
Emergency Contact:	Phone:	Relationship:	
Sleeping Preference: One Bed	Two Beds Cabin	Preference: Interior	Oceanview Balcony
 covers pre-existing conditions and natour's itinerary for insurance pricing No, I decline Deposit of \$250 per person for Make check payable to ZACH. All payments are non-refundate Trip cancellation insurance is seen Passport is required for all tou beyond dates of travel. Please seen to the property of the property	of your trip. Our group to nust be purchased by the g. Yes, I am interested in p international tours, rel ARY TRAVEL CENTI ble after the final paym strongly recommended rs with destinations ou submit a color copy to de-	ravel insurance policy final payment deadling fundable until tour's ER – 4257 Church Statent date. 3% surchantside of the United State of the Email ztec	v is based on the price of your tour and ne. Contact our office or see your specific Unsure of final payment deadline. t., Ste. 104, Zachary, LA 70791 arge on credit card payments. tates and must be valid for six months
On the date indicated below, I require behalf as part of a group tour or for interrupted or canceled by the suppression Agency has no control. I further act subject to any applicable law that it right to receive a refund, in such art terms of the policy will dictate when	r individual travel. I acknowledge that is providing the knowledge that the supperson or may later be in event. Moreover, I undether, and to what extent	el ("Agency") make on nowledge that for any em, a government enti- blier's own cancellation effect, will govern material designation erstand that should I et , coverage for any fin-	ty or other third party over which the on, rebooking and refund policies, y rights and remedies, including my elect to purchase travel insurance, the

for any damages, including but not limited to monetary losses, I may incur as a result of such interruption or

Signature:

Name (print full name(s)):

Return this completed form with your deposit to:

cancellation of these travel plans.

Zachary Travel & Cruise Center | 4257 Church St., Ste. 104 | Zachary, LA 70791

Questions? Call 225.654.9210 or email ztc@zacharytravel.com