



INTERNATIONAL
TOUR REGISTRATION

Enclosed is my \_\_\_\_\_ per person deposit for the \_\_\_\_\_ tour.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name on Name Tag \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Pickup location/airport \_\_\_\_\_ Have you traveled with us before? YES NO

Roommate \_\_\_\_\_ Birthdate \_\_\_\_\_ Name on Name Tag \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Hotel Preference: One Bed Two Beds | Air Seating Preference: Aisle Middle Window

- Deposit per person required to reserve space, refundable until tour’s final payment deadline.
• Make check payable to ZACHARY TRAVEL CENTER – 4257 Church St., Ste. 104, Zachary, LA 70791
• All payments are non-refundable after the final payment date. 3% surcharge on credit card payments.
• Trip cancellation insurance is strongly recommended.
• Passport is required for all tours with destinations outside of the United States and must be valid for six months beyond dates of travel. Please submit a color copy to our office. Email ztc@zacharytravel.com.

IMPORTANT INFORMATION ABOUT TRAVEL INSURANCE: You are strongly encouraged to purchase travel insurance to protect the investment of your trip. We offer plans through Allianz and CSA/Generali and will be happy to send you a quote. You must purchase insurance within 14 days of deposit in order for pre-existing conditions to be covered. Please note - if you are interested in cancel-anytime insurance, you must purchase at time of deposit. All insurance payments are done over the phone with a credit card. Call our agency and we will assist you.

Responsibility and Disclaimer Statement for Tours and Travel Booked with Zachary Travel

On the date indicated below, I requested that Zachary Travel (“Agency”) make one or more travel bookings on my behalf as part of a group tour or for individual travel. As the worldwide COVID-19 coronavirus pandemic remains ongoing at this time, I acknowledge that for this reason, and other reasons not reasonably foreseeable at this time, these travel plans may be interrupted or cancelled by the supplier that is providing them, a government entity or other third party over which Agency has no control. I further acknowledge that the supplier’s own cancellation, rebooking and refund policies, subject to any applicable law that is now or may later be in effect, will govern my rights and remedies, including my right to receive a refund, in such an event. Moreover, I understand that should I elect to purchase travel insurance, the terms of the policy will dictate whether, and to what extent, coverage for any financial loss may exist under the circumstances. By signing below, I hereby agree to hold the Agency harmless and release it from any and all liability for any damages, including but not limited to monetary losses, I may incur as a result of such interruption or cancellation of these travel plans.

Name (print full name(s)): \_\_\_\_\_

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

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

Return this completed form with your deposit to:
Zachary Travel & Cruise Center
4257 Church St., Ste. 104
Zachary, LA 70791

Questions? Call 225.654.9210 or email ztc@zacharytravel.com