



MOTOR COACH 2023

TOUR REGISTRATION

Enclosed is my \$ _____ per person deposit for the _____ tour.

Have you traveled with us before? YES NO If yes, is all information on file current? YES NO

(If No, please fill out the following completely. If Yes, please fill out your name, indicate your insurance preference, your travel preferences, sign the waiver, and submit with your deposit.)

Name _____ Birthdate _____ Name on Name Tag _____

Address _____ City _____ State _____ Zip _____

Email _____ Cell _____

Pickup Location: _____ Any medical/mobility issues? _____

Roommate _____ Birthdate _____ Name on Name Tag _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Hotel Preference: One Bed Two Beds | Bus Seating Preference: Front Middle Back

IMPORTANT INFORMATION ABOUT TRAVEL INSURANCE: You are strongly encouraged to purchase travel insurance to protect the investment of your trip. Our group travel insurance policy is based on the price of your tour and covers pre-existing conditions and must be purchased by the final payment deadline. Contact our office or see your specific tour's itinerary for insurance pricing.

No, I decline Yes, I am interested in purchasing Unsure

- Deposit of \$200 per person for domestic tours required to reserve space, refundable until the 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.

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. I acknowledge that for any reason, these travel plans may be interrupted or canceled by the supplier that is providing them, a government entity or other third party over which the 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