



ZACHARY TRAVEL

4257 Church St., Ste. 104
Zachary, LA 70791
225.654.9210
ztc@zacharytravel.com



Noah's Ark

 5 days, 4 nights

June 4 - 8, 2024

Noah's Ark, Creation Museum, Kentucky Horse Park & the Lost River Cave

\$1,599


per person*

*price based on double occupancy.
Single supplement: \$300 per person.

TOUR INCLUDES

- ✓ Deluxe Motor Coach with Restroom
- ✓ Tour Guide
- ✓ Hotel Accommodations
- ✓ Breakfast Daily
- ✓ Sightseeing & Entrance Fees
- ✓ Taxes and Tips, Including Guide & Driver

PICKUP LOCATIONS

 Zachary
Baton Rouge
Hammond
Meridian
MS

Tour Activity Level 1 2 3

Contact Us

225.654.9210

www.zacharytravel.com

ztc@zacharytravel.com

TOUR ITINERARY

Day 1 - Tuesday, June 4 -

Franklin, TN - Early morning departure from Zachary, Baton Rouge, Hammond, Meridian, MS, to Franklin, TN for overnight.

Day 2 - Wednesday, June 5 -

Lexington, KY - Today, we visit the wonderful **Kentucky Horse Park** with its parade of horse breeds, seeing multiple breeds of beautiful horses.

Day 3 - Thursday, June 6 -

Lexington, KY - Morning visit to the **Creation Museum** in Petersburg, KY. Then lunch on your own and a visit to the fascinating reconstructed **Noah's Ark**. This life-size museum was built in the exact size and dimensions of the Old Testament-based ark. Then back to Lexington for our second night.

Day 4 - Friday, June 7 -

Franklin, TN - This morning we visit the Lost River Cave in Bowling Green, KY. This afternoon, we drive across Kentucky and into Tennessee for overnight.

Day 5 - Saturday, June 8 -

Today we drive home, arriving this evening.

NOAH'S ARK

HIGHLIGHTS

- Kentucky Horse Park
- Creation Museum
- Noah's Ark
- Lost River Cave

\$200 per person required to reserve space, refundable until April 4 2023 when full payment is due.

Make check payable to ZACHARY TRAVEL CENTER - 4257 Church St., Ste. 104, Zachary, LA 70791 - or register online at zacharytravel.com.

All payments are non-refundable after the final payment date. Bank draft and credit card payment options available. 3% surcharge on credit card payments

Travel insurance is strongly recommended.

Document: 9/11/2023





MOTOR COACH 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 and this includes anyone else included in my reservation or booking. By my signature below, I am stating that this waiver applies to all trips booked through your Agency from this day forward, and that this document will remain on file.

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



TRAVEL INSURANCE PURCHASED STATEMENT/TRAVEL INSURANCE WAIVER

Please check the option below that applies, sign and submit. This must be done for each tour you take with our agency.

TOUR/TRIP: _____

I plan to purchase travel insurance through Zachary Travel or already have.

Name (print full name): _____

Signature: _____

Date: _____

Policy Number: _____

I have purchased travel insurance through another company outside of Zachary Travel.

Name of Travel Insurance Company: _____

Date of Purchase: _____

Name (print full name): _____

Signature: _____

Date: _____

I hereby decline the trip cancellation insurance offered to me by Zachary Travel.

I understand that should I need to cancel for any covered reason, which includes medical or death for my spouse, members of my immediate family (children, grandchildren, aunts, uncles, brothers, sisters, nieces and nephews) or myself, that I could lose up to 100% of the cost of my cruise/tour/vacation package/travel arrangements and I am comfortable with taking that risk by not purchasing travel insurance.

I also understand by not purchasing travel insurance that I can lose all benefits of coverage for missed connection, travel delay, lost luggage, air ambulance for medical emergency as well as emergency medical and dental coverage. I am aware that my own medical insurance may not cover me outside of the United States.

I understand that Zachary Travel holds no responsibility in this matter, as they have advised me of the importance of such insurance. I do not expect Zachary Travel to assist me in any way in recouping these lost funds should I have to cancel my trip.

With my signature below, I confirm that I am denying travel insurance for myself and for anyone else included in my reservation or booking:

Name (print full name): _____

Signature: _____

Date: _____

****This form must be signed and returned in order to travel with Zachary Travel****