

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

# **Smokies Fall Foliage**

## 🛱 5 Days, 4 Nights

October 28 - November 1, 2024

Smoky Mountains National Park, Dollywood, Dolly Parton Stampede, Cherohala Skyway, and more!

very moment

## **TOUR INCLUDES**

- Deluxe Motor Coach with Restroom
- Tour Guide
- Hotel Accommodations
- Breakfast Daily, 2 Dinners
- Sightseeing & Entrance Fees
- All Taxes and Tips, Including Guide & Driver

\$1,599 per person\*

\*price based on double occupancy. Single supplement: \$425 per person.

Tour Activity Level (1

#### **PICKUP LOCATIONS**

Zachary Baton Rouge Denham Springs Hammond Meridian

2

3

### **TOUR ITINERARY**

Day 1 - Monday, Oct. 28 -Chattanooga, Tennessee – Motor coach from Zachary, Baton Rouge, Denham Springs, Hammond, Meridian with overnight in Chattanooga, Tennessee.

Day 2 - Tuesday, Oct. 29 -Pigeon Forge – Morning drive on the spectacular Cherohala Skyway to Cherokee. Cross the Smoky Mountain National Park, the most visited of our national parks. Enjoy beautiful vistas of fall color. Arrive in Pigeon Forge and check into our hotel. Tonight we enjoy dinner at the Applewood Grill, then an evening show at Country Tonite Theatre.



Day 3 - Wednesday, Oct. 30 - Pigeon Forge – Today we'll enjoy time at Dollywood. Immerse yourself in the natural beauty of the Smoky Mountains, taste awardwinning recipes, enjoy fun rides and witness incredible performances. Tonight we'll enjoy the Dolly Parton Stampede dinner show.

Day 4 - Thursday, Oct. 31 -Fort Payne, AL – This morning we enjoy shopping in Gatlinburg before we take a drive through the beautiful Smoky Mountains National Park. See breathtaking scenery and incredible river views. Overnight in Fort Payne, AL.

Day 5 - Friday, Nov. 1 -Home – Home today, arriving this evening.

### SMOKIES FALL FOLIAGE

### HIGHLIGHTS

- Smoky Mountain National Park
- Dollywood
- 2 Evening Shows
- 2 included dinners

\$200 per person required to reserve space, refundable until August 15, 2024 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 are available. 3% surcharge on credit card payments Travel insurance is strongly recommended.

Document: 9/11/2023



#### MOTOR COACH TOUR REGISTRATION

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 protravel preferences, sign the waiver, and submit with your deposit.)	
Name Birthdate Name on Name Tag	
AddressStateZip_	
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	
<ul> <li>insurance to protect the investment of your trip. Our group travel insurance policy is based on the price of covers pre-existing conditions and must be purchased by the final payment deadline. Contact our office or tour's itinerary for insurance pricing.</li> <li>No, I decline Yes, I am interested in purchasing Unsure</li> <li>Deposit of \$200 per person for domestic tours required to reserve space, refundable until the tour's payment deadline.</li> <li>Make check payable to ZACHARY TRAVEL CENTER – 4257 Church St., Ste. 104, Zachary, LA</li> <li>All payments are non-refundable after the final payment date. 3% surcharge on credit card payment</li> </ul>	see your specific s final 70791
Trip cancellation insurance is strongly recommended.      Responsibility and Disclaimer Statement for Tours and Travel Booked with Zachary Tra On the date indicated below, I requested that Zachary Travel ("Agency") make one or more travel bookin behalf as part of a group tour or for individual travel. I acknowledge that for any reason, these travel plan interrupted or canceled by the supplier that is providing them, a government entity or other third party ow Agency has no control. I further acknowledge that the supplier's own cancellation, rebooking and refund subject to any applicable law that is now or may later be in effect, will govern my rights and remedies, im right to receive a refund, in such an event. Moreover, I understand that should I elect to purchase travel in terms of the policy will dictate whether, and to what extent, coverage for any financial loss may exist und circumstances. By signing below, I hereby agree to hold the Agency harmless and release it from any and for any damages, including but not limited to monetary losses, I may incur as a result of such interruption cancellation of these travel plans and this includes anyone else included in my reservation or booking. By below, I am stating that this waiver applies to all trips booked through your Agency from this day forward document will remain on file. Name (print full name(s)):	ngs on my s may be er which the policies, cluding my nsurance, the ler the l all liability n or y my signature d, and that this

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\*\*