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

# The Sound of Music @ The Saenger Theatre

**March 6, 2027**

**$419**
per person

Since 1965, Maria, Captain Von Trapp, and the city of Saltzburg have captured audiences' imaginations. Come with us to experience the story live on stage! We'll enjoy a Jazz Brunch at the Court of Two Sisters, followed by a performance of the Sound of Music at the Saenger Theater.

*Tour leaves Zachary at 7:00am, estimated return is 6:00 pm. $100 per person deposit is required to save space. Final payment deadline is January 1, 2027.*

**PICKUP LOCATIONS**
Zachary
Baton Rouge
Gonzales

## TOUR INCLUDES

- ✓ Deluxe Motor Coach
- ✓ Zachary Travel Guide
- ✓ Jazz Brunch at The Court of Two Sisters
- ✓ Theatre Orchestra-Center Section Seating
- ✓ All Taxes and Tips, Including Guide and Driver

## Level 1

Relaxed Explorers

Light activities like cafe visits and easy strolls, handles stairs and low altitudes comfortably.

ZACHARY
Travel & Cruise Center

ONE-DAY MOTOR COACH

# TOUR REGISTRATION

**Enclosed is my $_____ per person payment for the _____ tour.**

Name_____ Birthdate_____ Name on Name Tag _____

Address_____ City_____ State_____ Zip_____

Email_____ Cell_____

Do you wish to receive updates on our tours and services via email? YES NO

Pickup location/airport_____ Have you traveled with us before? YES NO

List all medical/mobility issues: _____

List all food/dietary restrictions: _____

Emergency Contact:_____ Phone:_____ Relationship: _____

Traveling with: _____

- **Full payment per person required for this one-day tour, refundable until 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 available.**

IMPORTANT INFORMATION ABOUT TRAVEL INSURANCE: We strongly recommend purchasing travel insurance to protect your trip investment. Our group policy covers pre-existing conditions and is based on your tour price. Insurance must be purchased by the final payment deadline. Contact our office or refer to your tour itinerary for pricing.

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

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

By signing below, I authorize Zachary Travel ("Agency") to make travel bookings on my behalf. I acknowledge that travel plans may be interrupted or canceled by suppliers, government entities, or third parties beyond the Agency's control. In such cases, I understand that the supplier's cancellation, rebooking, and refund policies, as governed by applicable law, will dictate my rights, including any refund. If I choose to purchase travel insurance, coverage will depend on the policy terms. I agree to hold the Agency harmless from any liability, including monetary losses, arising from travel interruptions or cancellations for myself or anyone in my booking. This waiver applies to all future bookings with the Agency and remains 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**

ZACHARY
Travel & Cruise Center

## 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**