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 Spring Texas 77380
 Local (281) 363-0808
 Fax (281) 363-0916
 Toll free 1-(800) 470-2020

Date of Departure: _____

Today's Date: _____

I have chosen the Travel SUPPLIER(S) _____

AIRLINE _____, HOTEL _____, and the

DESTINATION of _____ for travel arrangements that I purchased from FOX TRAVEL. I understand if I encounter problems or losses during my trip regarding these services or destination that such claims shall be made directly to the travel service suppliers and other persons responsible and not this agency. FOX TRAVEL may assist with your claims.

Signature

Date

Portions of this package may not be/are refundable/Supplier Cancellation penalties will apply/Agency Cancellation fee of \$50/person will apply.

PASSENGER TRIP INTERRUPTION & TRAVEL PROTECTION PLAN

PLEASE CHOOSE ONE

ACCEPT: I accept travel insurance. Total insurance cost\$ _____

We must have your date of birth to process the insurances please fill in below:

Name: _____ DOB: _____

Name: _____ DOB: _____

Client Signature: _____

DECLINE: I have been offered and I have declined the purchase of; Trip cancellation (including airline, cruise, and tour operator default) and travel accident/limited sickness/medical/trip interruptions insurance.

I, the undersigned will not hold FOX TRAVEL and/or its agents responsible or any expenses incurred by me resulting from delay/cancellation of my trip, accident sickness, death, stolen or damaged baggage or property.

Agent Signature

Client Signature