

RESERVATION-PAYMENT-TRAVEL PROTECTION

Must be completed for each traveler and returned to our offices or reservation may not be finally accepted and confirmed!

Name(s) appearing on state issued drivers license(s): _____

Name(s) appearing on passport(s): _____

Passport Number(s): _____ Place of Issue: _____ Expiration Date(s): _____

Address: City/State/Zip: Telephone No.: _____

Email Address: _____ Birthdates: _____

Name and Dates of Tour: _____

Name(s) you prefer on nametags: _____

Rooming Arrangements

() I will room with _____

() I have NO ROOMMATE, but desire: () Guaranteed Share (for non-smokers only) () Single, will pay supplement

I/We desire: () twin () triple () quad () single () smoking () non-smoking accommodations.

Cruise information, if applicable: cabin category _____, membership or past passenger number, if any _____

() Early cruise dining () Late cruise dining

List any special requirements: _____

Departure Points & Pickup Requests

I/we desire a pickup en route at: _____

Savings/Benefits

I/we are eligible for the following special savings:

- () TRAVEL WALL OF FAME™
- () SHPTV - SMOKY HILLS PUBLIC TELEVISION
- () KARSP - KANSAS ASSOCIATION OF RETIRED SCHOOL PERSONNEL
- () OTHER (please name) _____

Also, ask about Friendship Bonus Plan Benefits to which you may be entitled; as well as all other questions that you may have.

Group Travel Protection Plan

This protection plan is included in the tour costs shown on each current brochure/departure. A general description of coverage and protection provided is contained elsewhere in this catalog. The person with whom you reserve your Please Go Away™ Vacations travel experience will be pleased to answer additional questions, however, Please Go Away™ Vacations acts only as agent for Travel Guard and its related insurance companies and all interpretations and decisions relative to applicability of plan provisions to any set of circumstances are made solely by Travel Guard and its related insurance companies.

It is understood that persons reserving on a Please Go Away™ Vacations travel experience has read and fully understands the "Important Information" section on the back cover of the applicable catalog and/or brochure, understands the cancellation deadlines imposed on a particular tour, and that cancellations and trip interruptions can result in very significant expenses and assessments being imposed by various components of any departure.

SIGNATURE LINE: _____

Name(s) _____ **Address/City/State/Zip** _____ **Telephone** _____ **Email** _____

Thank you for "going away"