



REVISED MAR. 7, 2011

PLEASE READ, SIGN AND RETURN BY FAX TO 305-664-0553 OR MAIL TO:

SUZANNE TASKOWITZ FAITHFUL TRAVELS 141 SAN REMO DR. ISLAMORADA, FLORIDA 33036

CANCELLATION FEES - PILGRIMAGE TO THE HOLY LAND NOV. 10 - 21, 2011

CANCELLATION BETWEEN AUGUST 16 AND SEPT. 11 WILL RESULT IN 50% FORFEITURE PLUS 5% FEE FOR CREDIT CARD TRANSACTIONS AND ADMINISTRATION SERVICES.

CANCELLATION SEPT. 11 OR LATER WILL RESULT IN FULL FORFEITURE OF ALL MONEY PAID.

PLEASE NOTE: ALL REFUNDS WILL BE MADE BY CHECK REGARDLESS OF PAYMENT METHOD

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY REGARDING TRAVEL INSURANCE

WE BELIEVE THAT YOUR UPCOMING TRIP IS A SIGNIFICANT COMMITMENT AND SHOULD BE PROTECTED. IT IS ALSO IMPORTANT TO REALIZE THAT MEDICAL EMERGENCIES, FINANCIAL DEFAULTS, LOST OR STOLEN BAGGAGE, TRIP DELAYS ETC., WHILE RARE, DO HAPPEN AND FOR THIS REASON, **WE STRONGLY RECOMMEND YOU HAVE A TRAVEL INSURANCE POLICY.** WE HAVE A POLICY SPECIFICALLY DESIGN FOR RELIGIOUS PILGRIMAGES. IF YOU CHOOSE TO DECLINE THIS VALUABLE COVERAGE, YOU ARE ASSUMING ANY FINANCIAL LOSS ASSOCIATED WITH YOUR TRAVEL ARRANGEMENTS. **You can be covered for pre-existing medical conditions if you purchase your policy within 15 days of making the initial deposit.** FOR COMPLETE COVERAGE DETAILS PLEASE READ DESCRIPTION OF COVERAGE AT WWW.TRAVELGUARD.COM OR CALL TRAVEL GUARD AT 1-866-476-6698. THE PROGRAM IS "TRAVEL GUARD'S FAITH TRAVEL PLAN". **I have enclosed a brochure / enrollment form. Please complete and submit with payment.**

Travel Guard is committed to providing products and services that will exceed expectations. If you are not completely satisfied, you can receive a refund voucher provided it is not past the original departure date and you have not submitted a claim. A voucher for the premium paid will be issued, which can be used for future travel up to two years from the date of policy purchase. This cancellation voucher policy is in effect for any canceled trips regardless of reason for cancellation. PLEASE CONTACT TRAVEL GUARD FOR FURTHER CLARIFICATION. **PLEASE CONTACT SUZANNE TO PURCHASE YOUR POLICY SO THE INFORMATION IS ON FILE.**

_____ YES, I CHOOSE TO PURCHASE TRAVEL INSURANCE.

_____ NO, I DECLINE TO PURCHASE TRAVEL INSURANCE

I HAVE READ THE INFORMATION CONCERNING TRAVEL INSURANCE, DEPOSITS, FORFEITURES AND SUBSTITUTING GUESTS IN THE EVENT I HAVE TO CANCEL MY RESERVATION. REVISED 03/07/11

PRINT NAME _____ PHONE _____

SIGNATURE: _____

NAME CHANGE: DEPOSITED AND PAID IN FULL PASSENGERS HAVE THE OPTION OF CHANGING THE NAME ON THE TRIP MANIFEST UP TO 15 DAYS PRIOR TO DEPARTURE FOR A FEE OF \$100 USD. ALL MONIES PAID WILL BE CREDITED TO THE NEW RESERVATION.