

2019

**RESERVATION &
TRAVEL PROTECTION FORM**

**Calendar House Seniors
3-Day Southern Maine Coast & Coves
May 29-31, 2019**

GUEST DETAILS

Name: _____ Email: _____
First Middle Last ☐ Please check here to opt out from receiving our exciting newsletter
Address: _____ City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Roommate(s): _____ Room Type: ___ Single ___ Double ___ Triple ___ Quad
Emergency Contact Name & Phone #: _____

Special Needs (wheelchair, diet, handicap, etc.): _____
** Please note that we try to accommodate special preference requests when possible, but we cannot guarantee them.

TOURS Of Distinction

Since 1971

P.O. Box 1011, East Windsor, CT 06088

GROUP: Calendar House Seniors
TOUR DATE: May 29-31, 2019

DESTINATION: 3-Day Niagara Falls
COST: \$44.00 – p/p Single
\$34.00 – p/p Double, Triple, & Quad

TOUR/POLICY #: 9X0529CH

*TRAVEL PROTECTION CHECK IS PAYABLE AT THE TIME OF RESERVATION.

Group Protection Plan

Trip Cancellation*	Trip Cost
Trip Interruption*	Trip Cost
Trip Delay (12hours)	\$500 (\$150/day)
Baggage/Personal Effects	\$500
Emergency Accident and	
Sickness Medical Expense	\$10,000
Emergency Evacuation and	
Repatriation of Remains	\$20,000
Emergency Assistance Services – Included	
*Up to the trip cost insured, up to a maximum of \$5,000.00 per person.	

GROUP PROTECTION PAYMENTS ARE DUE WITHIN 14 DAYS OF TOUR DEPOSIT TO COVER PRE-EXISTING CONDITIONS

THE PURCHASE OF TRAVEL PROTECTION WILL PROVIDE YOU WITH A REFUND WHEN CANCELING FOR A COVERED REASON. COVERED REASONS ARE LISTED IN THE 'CERTIFICATE OF TRAVEL PROTECTION' PROVIDED TO YOU WITH YOUR TRAVEL DOCUMENTS PRIOR TO TOUR DEPARTURE. THE TRAVEL PROTECTION IS NON-TRANSFERABLE AND NON-REFUNDABLE. IN CASE OF LATE BOOKINGS, IT WILL BE ACCEPTED WITH FULL PAYMENT. THE TRAVEL PROTECTION FORM MUST BE SIGNED IN ORDER FOR THE COVERAGE TO BE IN PLACE. BY SIGNING THE FORM, YOU ARE AGREEING TO ACCEPTANCE OR DECLINE OF THE PRETOECTION. RECEIPT OF PAYMENT WITHOUT THE SIGNED FORM DOES NOT ENTITLE YOU TO COVERAGE UNDER THE TRAVEL PROTECTION OPTION.

Travel Protection Coverage Provided By: TRAVEL INSURED INTERNATIONAL, Glastonbury, CT 800.243.3174

I _____ accept or _____ decline the Protection Coverage. This form must be signed in order for the protection coverage to be in place. By signing this form, you agree to accept or decline the protection coverage.

I acknowledge that I have read the Cancellation Policy on the attached document and understand all information given to me.

Guest's Signature: _____ Date: _____
#9X0529CH

PLEASE MAIL ENTIRE RESERVATION FORM AND PAYMENT TO:

**CALENDAR HOUSE SENIORS | 860.621.3014
388 PLEASANT STREET, SOUTHTON, CT 06479**