

**Reservations will not be accepted without this completed form.**

\* Required

### SECTION 1: TRAVELER INFORMATION

\* Name as it appears on your Passport: \_\_\_\_\_

\* Home Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\* Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \* Gender: \_\_\_\_\_

\* Passport Number: \_\_\_\_\_

\* Passport Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* Emergency Contact Name (Not traveling with you): \_\_\_\_\_

\* Emergency Contact Relationship: \_\_\_\_\_

\* Emergency Contact Phone Number: \_\_\_\_\_

List any Dietary Restrictions/Food Allergies: \_\_\_\_\_

### SECTION 2: GUEST INFORMATION (If NO GUEST, skip to Section 3)

\* Name as it appears on your Passport: \_\_\_\_\_

\* Home Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\* Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \* Gender: \_\_\_\_\_

\* Passport Number: \_\_\_\_\_

\* Passport Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* Emergency Contact Name (Not traveling with you): \_\_\_\_\_

\* Emergency Contact Relationship: \_\_\_\_\_

\* Emergency Contact Phone Number: \_\_\_\_\_

List any Dietary Restrictions/Food Allergies: \_\_\_\_\_

### SECTION 3: ACCOMMODATIONS

\* Please indicate your occupancy type:      Double Occupancy      Single Occupancy  
Please check this box if you would like your stateroom with 2 beds.

### SECTION 4: INSURANCE

*We strongly recommend purchasing Travel Insurance to cover your investment in case you need to cancel the trip for medical reasons or if the trip is cancelled due to supplier bankruptcies, etc. Insurance must be purchased no later than 14 days after the first deposit has been made. Plan costs are based on total trip cost and age PER PERSON. Insurance is non-refundable and non-transferable. You receive basic coverage in the event of unforeseen trip-related expenses such as: Trip cancellation, interruption and delay; emergency medical treatment or evacuation; Lost, stolen or damaged baggage or travel documents; and baggage delay.*

\* I choose: (Check One)      **To purchase the recommended travel insurance**      **To decline travel insurance at this time**

### SECTION 5: PAYMENT INFORMATION      **Final balance is due by June 12, 2020.**

Payment Methods: Check or Credit Card. Please make checks payable to: **Travel Leaders**

If you pay your trip by check, do not fill out credit card information.

Name on Credit Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_ Amount to charge on card: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 6: CANCELLATION SCHEDULE      **A \$50 per person administrative fee will be charged in addition to any penalty listed below.**

\$400 Deposit per person: Non-Refundable

06/13/2020 and after: Full trip Non-Refundable

Please mail, email or fax your complete registration form to:

Travel Leaders  
Attention: Lisa Glatfelter  
951 Rohrerstown Rd., Suite 102  
Lancaster, PA 17601

Contact Lisa Glatfelter with questions: 717-945-5027 • [lglatfelter@travellleaders.com](mailto:lglatfelter@travellleaders.com)

Fax: 717-854-6555 • Website: [www.trvltime.com](http://www.trvltime.com) • Facebook: Travel Time Travel Agency