

REGISTRATION FORM
16 Day The Ultimate France Pilgrimage
September 13 – 25, 2018

Please fill out the form below and mail it with your deposit of \$500.00 and Insurance Premium.
 (Insurance is optional but **strongly recommended**)

Name: # 1) _____ (Name as it appears in your passport)	# 2) _____ (Name as it appears in your passport)
Address: _____ <small>Apt. # / House # and Street Name</small>	Address: _____ <small>Apt. # / House # and Street Name</small>
City: _____ Province: _____ Postal Code: _____	City: _____ Province: _____ Postal Code: _____
Phone: () _____ () _____ <small>Home Work</small>	Phone: () _____ () _____ <small>Home Work</small>
Email Address: _____	Email Address: _____
Passport # _____ Issued at: _____	Passport # _____ Issued at: _____
Issued on: _____ Expiry on: _____ <small>(DD/MM/YY) (DD/MM/YY)</small>	Issued on: _____ Expiry on: _____ <small>(DD/MM/YY) (DD/MM/YY)</small>
Date of Birth: _____ Place of Birth: _____ <small>(DD/MM/YYYY)</small>	Date of Birth: _____ Place of Birth: _____ <small>(DD/MM/YYYY)</small>
Person to contact: _____ Tel. #: _____ <small>(In case of Emergency)</small>	Person to contact: _____ Tel. #: _____ <small>(In case of Emergency)</small>

ACCOMMODATION: Single ____ Double ____ Sharing with _____

(Group Seating in the aircraft is arranged by the airline. **Specific seat requests are not allowed**; however checking in early might give you the opportunity to change your seat.) Special Dietary Meal Request (on flights): _____

INSURANCE: *(We can only issue Insurance Policies for British Columbia residents)*

(Please indicate name of your beneficiary: _____) Relation: _____

The Comprehensive Insurance can only be purchased at time of deposit.

[____] I wish to purchase Insurance. Please indicate which Plan: **Plan A** ____ or **Plan B** ____ or **Plan C** ____

[____] I do not wish to purchase Insurance

Make cheques payable to: **SAMPAGUITA TRAVEL BUREAU** For VISA/MASTERCARD/AMEX payments:

1 Name on Card: _____ Card Number: _____ Expiry Date: _____
(Cardholder) SC _____

2 Name on Card: _____ Card Number: _____ Expiry Date: _____
(Cardholder) SC _____

I authorize the amount of Deposit & Insurance premium (if I elected to purchase insurance) be charged to my card. I also authorize that the balance of the tour price (plus taxes, government fees, security, insurance & fuel surcharges) also be charged to my card by the due date which is at least 45 days prior to departure.

1 Cardholder's Signature: _____ # 2 Cardholder's Signature: _____

I have read the itinerary & its inclusions and agree to the terms & conditions outlined in the itinerary/brochure, and wish to join the tour.

1 Signature: _____ # 2 Signature: _____

Insurance Coverage Options Allianz Global Assistance

Coverage is NOT AVAILABLE to any individual who: a) has been diagnosed with a terminal illness; b) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); c) has Alzheimer’s Disease or any other type of dementia; d) has received any type of treatment for pancreatic cancer, liver cancer or any type of cancer that has metastasized; e) has been prescribed home oxygen treatment in the last 12 months; f) has had a major organ transplant (heart, kidney, liver, lung); or g) has received kidney dialysis in the last 12 months.

[All premiums shown are valid at time of printing (Oct. 2017) but are subject to change if the Insurance Company changes their rates prior to policy issuance.]

Type of Plan: A		Non-U.S.A. All-Inclusive Package & Seniors’ Worldwide Package										
Number of Days:		13 Days (Beyond 16 days, there will be an additional premium)										
Amount of Coverage:		\$5500 prior to departure/ Unlimited after departure										
Coverage Included:		Excess Hospital/Medical Services (<i>Client must have Provincial Health Plan coverage</i>) Trip Cancellation, Trip Interruption, Air Flight Accident (\$100,000), Accidental Death & Disablement (\$50,000), Baggage up to \$1000 (\$300 limit per item)										
<p>Pre-existing Condition Exclusion applies to travelers who are age 71 and over. For Excess Hospital & Medical Expenses this means any loss as a result of an Injury or sickness, which required any or all of, medical consultation, prescription medication, medical treatment or hospitalization, at any time during the 180-day period immediately preceding the Effective Date.</p>												
(With Single Supplement Charge)												
Prior Coverage > ----- \$5500.00 -----						<input type="checkbox"/> Prior Coverage >----- \$6500.00 -----						
Ages	0-60	61-65	66-70	71-76	77+		0-60	61-65	66-70	71-76	77+	
Premium	\$291	\$367	\$449	\$518	\$1041		\$331	\$418	\$512	\$588	\$1181	
Must be purchased at time of deposit if one elects to secure this Insurance Option												

Type of Plan: B		Trip Cancellation/Interruption (Select)										
Number of Days:		Length of Trip (13 Days)										
Amount of Coverage:		\$6000 prior to departure/ Unlimited after departure										
Coverage Included:		Trip Cancellation, Trip Interruption, Air Flight Accident (\$100,000), Accidental Death & Dismemberment (\$50,000), Baggage up to \$1000 (\$300 limit per item)										
<p>Pre-existing Condition Exclusion applies to all persons and is defined as - Any loss as a result of Injury or Sickness of an Insured, Immediate Family Member, Travelling Companion or Travelling Companions’ immediate Family Member, Key Employee or business partner of the Insured, which require any or all of, Medical consultation, medical treatment or hospitalization, within 90 days preceding the Application Date.</p>												
(With Single Supplement Charge)												
Prior Coverage > ----- \$5500.00 -----						<input type="checkbox"/> Prior Coverage >----- \$6500.00 -----						
Ages	0-59	60-64	65-69	70-74	75-79	80+	0-59	60-64	65-69	70-74	75-79	80+
Premium	\$268	\$312	\$353	\$404	\$531	\$633	\$304	\$357	\$407	\$467	\$603	\$714
Must be purchased at time of deposit if one elects to secure this Insurance Option												

Type of Plan: C		Non-U.S.A. Plan - Emergency Excess Hospital/Medical										
Number of Days:		13 Days										
Amount of Coverage:		\$5,000,000										
Coverage Included:		Excess Hospital/Medical Services (<i>Client must have provincial health plan</i>)										
<p>Pre-existing Conditions Exclusion applies to travelers who are age 71 and over. For Excess Hospital & Medical Expenses this means any loss as a result of an Injury or Sickness, which require any or all of, Medical Consultation, prescription medication, medical treatment or hospitalization, at any time during the 180-days period immediately preceding the Effective Date.</p>												
Seniors												
Ages	31 - 54		55 – 60		61 – 65		66 - 70		71– 76		77 +	
Premium	\$33		\$38.20		\$57.70		\$69.40		\$143.50		\$241	
This insurance coverage may be purchased any time prior to departure date.												