

REGISTRATION FORM

Pilgrimage to Mexico and Our Lady of Guadalupe ~ Fr. Nuñez

Dec 10 - 16, 2018

Tour Package | Land only | Land + Air: 1812MEX

Invoice No. _____

Please fill out the form and return it with your non-refundable deposit \$300, a photocopy of your passport and Insurance Premium, if applicable. (Insurance is optional but strongly recommended.)

Mr Mrs Ms	Name: # 1 (Name as it appears in your passport)	Mr Mrs Ms	Name: # 2 (Name as it appears in your passport)
	LAST FIRST MIDDLE		LAST FIRST MIDDLE
Address:	_____ Apt. # / House # and Street Name	Address:	_____ Apt. # / House # and Street Name
City:	_____ Province : _____ Postal Code: _____	City:	_____ Province : _____ Postal Code: _____
Phone: () _____ () _____	Home Work / Mobile	Phone: () _____ () _____	Home Work / Mobile
Email Address:	_____	Email Address:	_____
Passport # _____	Issuing Authority: _____	Passport # _____	Issuing Authority: _____
Issued on: _____ Expiry on : _____	(DD/MM/YYYY) (DD/MM/YY)	Issued on: _____ Expiry on : _____	(DD/MM/YY) (DD/MM/YY)
Date of Birth: _____ Place of Birth: _____	(DD/MM/YYYY) City, Country	Date of Birth: _____ Place of Birth: _____	(DD/MM/YYYY) City, Country
Person to contact, in case of emergency:		Person to contact, in case of emergency:	
Name: _____		Name: _____	
Relation: _____ Phone #: _____		Relation: _____ Phone #: _____	

ACCOMODATION: Single Double - Sharing with _____

Special Dietary Meal Request (on flights): _____

Please note that **Group Seating in the aircraft is arranged by the airline.**
Specific seat requests are not allowed.

Cancellation Policy ~ The following penalties apply if cancellation is made:

- over 90 days before departure = \$300;
- 61-90 days before departure = 50% of tour package cost;
- 60 days or less prior to departure = 100% of tour package cost.

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

I wish to purchase Insurance: **Please indicate which Plan:** Plan A Plan B Plan C

Name of beneficiary : _____ **Relation :** _____

(Please note: We can only issue Insurance Policies for British Columbia residents.)

I do not wish to purchase Insurance.

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

1 Name on Card: _____ Card Number: _____ Expiry Date: _____
(Cardholder #1) SC _____ MM/YY

2 Name on Card: _____ Card Number: _____ Expiry Date: _____
(Cardholder #2) SC _____ MM/YY

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 60

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:		7 Days (Beyond 9 days, there will be an additional premium)											
Amount of Coverage:		\$2500 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 > ----- \$2500.00 -----						<input type="checkbox"/>		Prior Coverage > ----- \$3000.00 -----					
Ages	0-60	61-65	66-70	71-76	77+		0-60	61-65	66-70	71-76	77+		
Premium	\$150	\$179	\$227	\$259	\$481		\$171	\$205	\$258	\$294	\$551		
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 (7 Days)											
Amount of Coverage:		\$2300 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 > ----- \$2300.00 -----						<input type="checkbox"/>		Prior Coverage > ----- \$3000.00 -----					
Ages	0-59	60-64	65-69	70-74	75-79	80+	0-59	60-64	65-69	70-74	75-79	80+	
Premium	\$149	\$165	\$177	\$194	\$291	\$355	\$178	\$199.50	\$218	\$246.50	\$351	\$430.50	
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:		7 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	\$25		\$25		\$34.30		\$40.60		\$80.50		\$133		
This insurance coverage may be purchased any time prior to departure date.													

Sampaguita Travel Bureau
Mexico & Our Lady of Guadalupe
1812MEX