

# *Your Reservation Form*

*(Please Complete A Form For Each Traveler)*

## *Walk Where Jesus Walked!*

**February 22-March 2, 2024**

**PRICE PER PERSON FROM KANSAS CITY:**

**\$3963 (Credit \$4142)**

(Note: This is a custom tour and the cost quoted above is based on a minimum No. of 30 adult participants. Should tour membership fall below this number, the tour operator reserves the right to re-cost the program.) All airfares are subject to change.

**SINGLE ROOM SUPPLEMENT: 790 (for private room)**

**REQUIRED DEPOSIT PER PERSON: \$300**

**PASSPORTS MUST BE VALID FOR AT LEAST 6 MONTHS FROM DATE OF RETURN**

*You may pay the \$300 per person deposit by cashier's check to tour group host.*

**You may purchase your insurance online**

**PLEASE MAKE ALL CHECKS PAYABLE TO: Friendship Tours – Trust Account**

Please Mail This Completed Form with Your Payment to:

**Terry Pollard**

3355 Ridgeview Drive

Des Moines, IA 50320

**CONTACT: (641) 569-3560**

**Email: twpollrd@yahoo.com**

Name (on passport) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel: (        ) \_\_\_\_\_ Email Address \_\_\_\_\_

**Type of Room Required:**  Twin Occupancy     Single Occupancy (Additional charge)

I UNDERSTAND THAT I HAVE THE OPTION TO PURCHASE TRIP CANCELLATION INSURANCE FROM ALLIANZ GLOBAL INSURANCE AND I HAVE READ AND UNDERSTAND THE TOUR CONDITIONS PERTAINING TO THIS TOUR.

Signature (required) (SIGN ON REVERSE AS WELL)

Date

**(See Reverse for Form of Payment and Important Insurance Information)**  
**FORM OF PAYMENT**

**BY CHECK:**

**FINAL PAYMENT IS DUE ON NOVEMBER 15, 2023**

I have enclosed a Deposit of \$ \_\_\_\_\_ Per Person, for a Total Check amount of \$ \_\_\_\_\_.

**II: Cash or Cashiers Check: You may pay by cash or cashiers check.**

# **WE STRONGLY RECOMMEND THAT ALL PASSENGERS PURCHASE TRIP INSURANCE**

**IMPORTANT - TRAVEL INSURANCE - PLEASE READ THIS ALLIANZ INSURANCE PLAN**

*For those wishing to purchase the Allianz insurance, please apply directly to Allianz Travel Protection, using the application form included with the insurance brochure.*

## **SPECIAL NOTES:**

To receive a preexisting condition waiver please refer to the Allianz brochure or Call (800) 284-8300 Deadlines apply, so study this brochure before registering for the trip.

Please be aware that you may purchase various levels of Insurance Coverage from Allianz. Study the brochure carefully. **OUR ACCAM # F030632. You will be asked for this.**

## **IMPORTANT**

**I will be applying for the Allianz Insurance:       YES     NO**

If you decline the insurance, you are fully responsible for all losses incurred before and during your trip.

**THE UNITED STATES STATE DEPARTMENT ISSUES TRAVEL ADVISORIES FOR TRAVEL TO CERTAIN COUNTRIES FROM TIME TO TIME. IT IS YOU (the travelers) RESPONSIBILITY TO REVIEW THESE ADVISORIES AND DETERMINE IF TRAVEL TO THOSE PARTS OF THE WORLD IS SAFE. FRIENDSHIP TOURS ASSUMES NO RESPONSIBILITY FOR YOUR SAFETY IN THOSE COUNTRIES. PLEASE CONTACT THE STATE DEPART FOR ADDITIONAL INFORMATION**

**RESPONSIBILITY:** CASARA Travel Enterprises, Inc, doing business as Friendship Tours, and its agents and representatives act only in the capacity as agents for passengers in all matters pertaining to the tours, trips, and travel arrangements and accommodations, whether by air, rail, motor coach, ship, boat, or other means of travel or transportation, including hotel accommodations, sightseeing, and other accommodations.

As such, Casara Travel Enterprises, Inc., doing business as Friendship Tours, is free of responsibility or liability for any loss, damage, hurt, or harm to or suffered by, the passenger, or the passenger's luggage or possessions.

Casara Travel Enterprises, Inc. is not responsible for any damage, expense or inconvenience caused by late air, rail or boat arrivals or departures; or by any change of schedule or other condition; nor responsible for the loss or damage to baggage or any article belonging to the passenger.

Casara Travel Enterprises, Inc. also reserves and retains the continuing right to decline to accept any passenger wanting to travel, or traveling with Casara Travel; and to reject any traveler from any traveling group, at the sole discretion of the present on-site tour director.

The passenger contract used by the carriers, when issued, shall constitute the sole contract between the carriers and the purchasers of this tour.

The tour operator and agents and suppliers reserve the right to change the sequence of the itinerary to re-route, substitute, or modify visits or stays, according to local conditions at the time of travel.

**ACCEPTED, READ and UNDERSTOOD:**

**SIGNED:**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**