

# St. Joseph Travel, Inc.

## 773 742 6840

Name on passport: \_\_\_\_\_  
(Last Name/Nazwisko) (First Name/Imię)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_  
(month/date/year)

Home Address:

\_\_\_\_\_  
Street Number City State Zip

Email: \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cell/ Home Tel. \_\_\_\_\_

Emergency Contact: Please Notify \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. \_\_\_\_\_

Do you have any medical concerns or medications that we should know? Please describe:

\_\_\_\_\_

Name of roommate (if known): \_\_\_\_\_ [ ] Please find me a roommate based on availability

[ ] USA Passport [ ] Non-USA Passport Passport No.: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] Please confirm a single room supplement (additional cost: 390). Limited single rooms available.

### **ST. JOSEPH TRAVEL CANCELLATIONS AND REFUND POLICY**

Date of Cancellation Fee Per Person:

From sign up day to 10 days after \$30

Up to 75 days prior to departure \$350

74-60 days prior to departure \$1000 plus additional penalties imposed by the airlines or other suppliers

59-31 days prior to departure \$1,300 plus additional penalties imposed by the airlines or other suppliers

Cancellation less than 30 days prior departure NO REFUND

Last day to purchase Travel Insurance: one week prior to final payment deadline

For optional travel protection complete and sign attached Travel Protection Enrollment Form.

[ ] No, I do not wish to purchase the optional travel protection plan. I am aware of the cancellation policy.

[ ] Enclosed is my trip deposit of \$500 per person. Balance payment due in full by December 1, 2019

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Responsibility: St. Joseph Travel, Inc., and its representatives act only as agents for the tour members in making arrangements for hotels, transportation, restaurants, sightseeing or any other services in connection with the itinerary.

St. Joseph Travel Inc. assumes no liability whatsoever for any injury, damage, loss, accident, irregularity or delay to person or property for any reason including, but not limited to, acts of war or terrorism, any act or default of any hotel, carrier, restaurant or any other company or person rendering any of the services included in the tours. The tickets, coupons, tariffs, rules or contracts currently in use by any carrier, hotel, restaurant or other contractor rendering services shall constitute the sole contract between such contractor and the tour member. St. Joseph Travel Inc. accepts no responsibility for any damage or delay for any reason, including, but not limited to, sickness, pilferage, labor disputes, machinery breakdown, quarantine, government restraints, weather or any other cause. No carrier shall be responsible for any act, omission or events while passengers are not on board its own conveyance. The right is reserved to cancel or change itineraries or substitute services without notice and to decline to accept or retain any passenger at any time. In view of statutory or contractual limitations that may apply to personal injury or property damage or loss, we strongly recommend the purchase of accident and baggage insurance.

By signing below, I affirm that all the information I have provided on this application is accurate.

In addition, I affirm that I have read and agreed to the terms and conditions included with this tour package.

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

### CREDIT CARD AUTHORIZATION FORM

(use the same form for trip deposit and other payments and services)

Name of card holder (as it appears on the credit card) \_\_\_\_\_

Cardholder statement billing address (if different on registration form) \_\_\_\_\_

Street Number                      City                                      State                                      ZIP

Type of cards accepted; please mark applicable box: [ ] Visa [ ] Master Card [ ] Amex [ ] Discover

Credit Card Number:    Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize St. Joseph Travel, Inc. to charge my final balance by \_\_\_\_\_ on the same credit card.

Other than the basic package price, I understand that there is a 4% surcharge on additional charges for additional services, departure taxes, transfers, extra hotel accommodations etc.).

This charge is to be applied towards the following travelers: Name(s) exactly as printed on passport(s):

\_\_\_\_\_  
I hereby authorize St. Joseph Travel, Inc. and/or its suppliers to charge the above credit card for the listed amount.

Card Holder Signature: \_\_\_\_\_

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