



Please complete form and Fax (1-888-330-6201 or 267-417-0007) or Mail to The Magic For Less Travel, 101 Britcher Drive, Mifflintown, PA 17059.

Travel Counselor's Name \_\_\_\_\_ Travel Dates \_\_\_\_\_

Travel Verification: (Signature REQUIRED) Note that travel documents can not be released until we receive this completed form. Thank you.

I have reviewed the dates, times, payment due dates, and cancellation policy for reservations made on my behalf by The Magic for Less Travel and I agree that they are correct and accurate. Notice: Passenger(s) are required to carry proper identification when traveling. You as the traveler are responsible for understanding & obtaining the proper travel documents in advance of your travel commencement.

The Magic for Less Travel acts as a sales agent for any airline, hotel, car-rental company, tour operator, cruise line, or other service provider named in your itinerary ("Suppliers"). The Magic for Less Travel is not responsible for acts or omissions of the Suppliers or their failure to provide services or adhere to their own schedules.

The Magic for Less Travel assumes no responsibility for and shall not be liable for any refund, personal injury, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be caused by: (1) any defaults, wrongful or negligent acts, or omissions of the Suppliers; (2) any defect in or failure of any vehicle, craft, equipment, or instrumentality owned, operated, or otherwise used or provided by the Suppliers; or (3) any wrongful or negligent acts or omissions on the part of any other party not under the Magic for Less Travel's control. You hereby release The Magic for Less Travel from all claims arising out of any problem covered in this paragraph.

The Magic for Less Travel has no special knowledge regarding the financial condition of the Suppliers, unsafe conditions, health hazards, weather hazards, or climate extremes at locations to which you may travel. For information concerning possible dangers at destinations, The Magic for Less Travel recommends contacting the Travel Warnings Section of the U.S. State Department at (202) 647-5225 or www.travel.state.gov. For medical information, The Magic for Less Travel recommends contacting the Centers for Disease Control at (877) FYI-TRIP or www.cdc.gov/travel. You assume full and complete responsibility for checking and verifying any and all passport, visa, vaccination, or other entry requirements of your destination(s), and all conditions regarding health, safety, security, political stability, and labor or civil unrest at such destination(s). You hereby release The Magic for Less Travel from all claims arising out of any problem covered in this paragraph. You agree that the courts in Allegheny County will be the exclusive jurisdiction for all claims brought by you or The Magic for Less Travel, and you hereby submit to the personal jurisdiction of those courts.

Please have each member of your party, over age 18, sign this document.

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Trip Insurance Notification: (Signature REQUIRED) For your protection, we strongly recommend that you purchase trip cancellation insurance and that you check the appropriate box below.

[ ] I hereby waive trip insurance.

[ ] I hereby accept trip insurance. I agree to all of the terms and conditions of the insurance program.

Date: \_\_\_/\_\_\_/\_\_\_ Client Signature: \_\_\_\_\_

Credit Card Authorization (if applicable) We strongly recommend that you use a credit card for your purchase, so that you can exercise your rights under the Fair Credit Billing Act if you do not receive the services you purchased.

At this time, Please charge \$\_\_\_\_\_ to my credit card listed below. I may also authorize additional payments with this credit card in the future to pay for the total cost of my vacation.

Name (as it appears on card) \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card Type (Visa, M/C etc.) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Last 4 Digits of Credit Card \_\_\_\_\_

Signature of \_\_\_\_\_ Date \_\_\_\_\_

Authorization \_\_\_\_\_