



# SENSATIONAL SCOTLAND SEPTEMBER 2021

REV 052021 0933

## PERSONAL INFORMATION AND TRAVEL PREFERENCES

PRINT NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SHARE ROOM WITH (IF APPLICABLE) \_\_\_\_\_ BEDDING CHOICE  ONE BED  TWO BEDS

**IF SECOND TRAVELER SHARING ROOM HAS THE SAME ADDRESS AND METHOD OF PAYMENT, PLEASE COMPLETE BELOW. IF NOT, PLEASE COMPLETE SEPARATE REGISTRATION FORM FOR SECOND PERSON.**

NAME (AS IT APPEARS ON PASSPORT) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE FOR BOTH GUESTS \_\_\_\_\_

DIETARY RESTRICTIONS (SPECIFY FOR WHICH GUEST) \_\_\_\_\_

WOULD YOU LIKE TO PURCHASE GROUP AIRFARE (SEE PRICING BELOW)?  YES  NO

WOULD YOU LIKE A TRANSFER FROM RICHMOND TO DULLES? COST IS TBD BASED ON NUMBER OF PASSENGERS.  YES  NO

**VALID PASSPORT (WITH AT LEAST 6 MONTHS VALIDITY FROM YOUR RETURN TRAVEL DATE) IS REQUIRED.  
PLEASE ATTACH A COPY OF YOUR PASSPORT PHOTO INFORMATION PAGE TO THIS REGISTRATION FORM.**

<u>PRICING</u>	<u>PAYMENT SCHEDULE</u>														
<p><b>LAND PRICE:</b> \$ 3,865.00 PER PERSON BASED ON DOUBLE OCCUPANCY</p> <p><b>SINGLE ROOM SUPPLEMENT:</b> \$1250.00</p> <p><b>AIR PRICE FROM DULLES:</b> TBA</p>	<p><b>DEPOSIT*:</b> \$1,500.00 PER PERSON – DUE IMMEDIATELY TO SECURE YOUR RESERVATION.</p> <p>NO RESERVATION WILL BE HELD WITHOUT A DEPOSIT AND A SIGNED REGISTRATION FORM.</p> <p><b>BALANCE:</b> DUE ON OR BEFORE JUNE 14, 2021</p>														
<u>TRAVEL INSURANCE PRICING</u>	<u>CANCELLATION AND REFUND POLICY</u>														
<p>COVERAGE PROVIDED BY ALLIANZ GLOBAL ASSISTANCE. WE RECOMMEND PURCHASE AT TIME OF DEPOSIT TO COVER PRE-EXISTING CONDITIONS.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">INSURANCE COST</th> </tr> <tr> <th style="text-align: center;">OCCUPANCY:</th> <th style="text-align: center;">LAND ONLY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">SINGLE</td> <td style="text-align: center;">\$342 PER PERSON</td> </tr> <tr> <td style="text-align: center;">DOUBLE</td> <td style="text-align: center;">\$254 PER PERSON</td> </tr> </tbody> </table>		INSURANCE COST	OCCUPANCY:	LAND ONLY	SINGLE	\$342 PER PERSON	DOUBLE	\$254 PER PERSON	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">CANCELLATION RECEIVED</th> <th style="text-align: center;">PENALTY AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">AFTER FIRST DEPOSIT TO 8/15/21</td> <td style="text-align: center;">\$1500.00 PER PERSON</td> </tr> <tr> <td style="text-align: center;">8/16/21 – DAY OF DEPARTURE</td> <td style="text-align: center;">100% PER PERSON</td> </tr> </tbody> </table> <p style="text-align: center;"><b>TRIP COST IS BASED ON A MINIMUM OF 20 FULL PAYING PASSENGERS. CANCELLATION PENALTIES WILL NOT BE CHARGED IF GROUP FAILS TO REACH MINIMUM SIZE.</b></p>	CANCELLATION RECEIVED	PENALTY AMOUNT	AFTER FIRST DEPOSIT TO 8/15/21	\$1500.00 PER PERSON	8/16/21 – DAY OF DEPARTURE	100% PER PERSON
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**PAYMENT AND CREDIT CARD AUTHORIZATION**

I AM ENCLOSING CHECK # \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_ FOR \_\_\_\_\_ TRAVELER(S)

(MINIMUM DEPOSIT \$1000.00 PER PERSON)

CHARGE MY CREDIT CARD BELOW FOR THE DEPOSIT AMOUNT OF \$ \_\_\_\_\_ FOR \_\_\_\_\_ TRAVELER(S)

(MINIMUM DEPOSIT \$1000.00 PER PERSON)

I WOULD LIKE TO PURCHASE AN ALLIANZ GLOBAL ASSISTANCE TRAVEL INSURANCE POLICY TO COVER

LAND ONLY  LAND & AIR PACKAGE. I WILL PAY BY  CREDIT CARD  CHECK # \_\_\_\_\_

**IF PAYING BY CREDIT CARD, PLEASE COMPLETE BELOW**

CREDIT CARD TYPE  AMERICAN EXPRESS  DISCOVER  MASTERCARD  VISA

ACCOUNT # \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_

BILLING ADDRESS AND PHONE IF DIFFERENT THAN REGISTRATION \_\_\_\_\_

WOULD YOU LIKE TO USE THIS CARD FOR ALL FUTURE PAYMENTS?  YES  NO

I AGREE TO PAY ACCORDING TO THE CARD ISSUER AGREEMENT. I UNDERSTAND AND ACCEPT THE TOUR PLAN INTERNATIONAL CANCELLATION POLICY, PASSPORT REQUIREMENTS, TERMS AND CONDITIONS.

PASSENGER SIGNATURE \_\_\_\_\_

**MARKETING PERMISSION****I AGREE TO THE FOLLOWING MARKING PERMISSIONS:**

EMAIL COMMUNICATIONS:  YES  NO

INCLUSION IN GROUP DIRECTORIES:  YES  NO

USE OF LIKENESS IN PHOTOGRAPHIC MARKETING MATERIALS:  YES  NO

**PAYMENTS MAY BE MADE BY CHECK, CASH OR CREDIT CARD AND MADE PAYABLE TO: TOUR PLAN INTERNATIONAL, LTD.**

**SUBMIT COMPLETED REGISTRATION FORM BY:**

**EMAIL TO: S.CAPOCELLI@TOURPLANINTERNATIONAL.COM OR B.CAREY@TOURPLANINTERNATIONAL.COM**

**FAX TO: 804-353-2947**

**MAIL TO: STELLA CAPOCELLI CARTER, TOUR PLAN INTERNATIONAL, 4915 FITZHUGH AVENUE, RICHMOND VA 23230**

**QUESTIONS? CONTACT TOUR PLAN INTERNATIONAL AT 804-359-3217**

[WWW.TOURPLANINTERNATIONAL.COM](http://WWW.TOURPLANINTERNATIONAL.COM)