



# Choice Travel

Make the best choice – travel with us!

P. O. Box 109  
Celina, OH 45822  
New Phone # 419-204-6319  
travelwithchoice@gmail.com

## TRIP REGISTRATION FORM

(revised 2/1/2021)

Trip Dates \_\_\_\_\_ Trip Destination \_\_\_\_\_ Trip Cost \$ \_\_\_\_\_  
(per person)

Optional Travel Protection available on individual basis only. Premium is non-refundable. **Travel Protection must be purchased when you make your initial trip deposit.** If travel protection is not purchased, refer to cancellation policy stated on the trip itinerary.  
Do you want quote / purchase the optional travel protection? **YES** **NO**

**Please print. Names must be as they appear on your driver's license or passport. If trip requires passport, please send copies of all passports with your registration**

Passenger Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Passenger Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

For triple and quad occupancies, please list the additional names and addresses on the back of this form.

Amount of Deposit Enclosed \$ \_\_\_\_\_ Protection Premium Enclosed \$ \_\_\_\_\_

Total Payment Enclosed \$ \_\_\_\_\_ Paid by \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card

MC VISA DISC CC # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Code \_\_\_\_\_

Cancelled check will be your receipt - **3% processing fee will be added to all credit card payments**

Room Occupancy \_\_\_\_\_ Single \_\_\_\_\_ Double \_\_\_\_\_ Triple \_\_\_\_\_ Quad

Desired Hotel Room Type \_\_\_\_\_ Smoking \_\_\_\_\_ Non –smoking

Special Needs Room Requests \_\_\_\_\_

**If trip is a cruise, please answer the following two questions.**

Desired Cabin type: \_\_\_\_\_ Inside Cabin \_\_\_\_\_ Oceanview Cabin \_\_\_\_\_ Promenade Cabin \_\_\_\_\_ Balcony Cabin

Desired bed configuration: \_\_\_\_\_ Two Twin \_\_\_\_\_ One Queen

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event I would need any type of medical treatment, I hereby consent to treatment by any licensed physician or dentist. I further understand that I, and any heirs or persons acting on my behalf do waive, release and discharge Choice Travel and its representatives from any and all responsibility or liability from injuries, loss, damages, diseases, or deaths resulting from my participation in any programs or activities sponsored by Choice Travel. I understand that this waiver means I and any heirs or persons acting on my behalf give up the rights to bring any claims for personal injury, death, disease, property damage or any other loss including but not limited to claims of negligence, and give up any claim I or my heirs may have to seek damages, whether known or unknown, foreseen or unforeseen. Choice Travel and its representatives accept no responsibility for the services of any company, personnel or any other conveyance used in connection with any tour or for any loss or additional expense incurred due to additional or changed fees, delay, changes in schedule or acts or omissions of any carrier or supplier. Choice Travel and its representatives reserves the right to cancel any tour prior to departure, amend the itinerary for any reason, and to decline to accept or retain any person as a member of any tour if his/her actions impose a risk or disturb other members of the tour. Customer is responsible for any expenses incurred due to any change in the tour.

## Additional Passenger Registration

**Passenger Name** \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Passenger Name** \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone \_\_\_\_\_