Canadian Rockies
June 8 – 16, 2027

PASSENGER INFORMATION
Please complete one form per person. **PLEASE PRINT LEGIBLY**

(NAME MUST BE WRITTEN EXACTLY AS IT APPEARS ON YOUR PASSPORT)

FIRST NAME: _____ **GENDER:** *(PLEASE CIRCLE)* M F

MIDDLE NAME: _____ **DATE OF BIRTH:** _____ *(MM/DD/YEAR)*

LAST NAME: _____ **PREFERRED NAME:** _____

CELL PHONE: W/ AREA CODE _____ **HOME PHONE:** W/ AREA CODE _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

EMAIL: _____

DIETARY NEEDS: ☐ **Vegetarian** ☐ **Diabetic** ☐ **Gluten-free** ☐ **Dairy-free** ☐ **Other:** *(PLEASE SPECIFY)* _____

HEALTH NEEDS: *(PLEASE MARK ALL THAT APPLY)* ☐ **WHEELCHAIR ASSISTANCE AT AIRPORT** ☐ **CPAP** ☐ **POC**

IF CELEBRATING AN ANNIVERSARY/BIRTHDAY: *(PLEASE NOTE THE DATE YOU WISH TO CELEBRATE)* _____ *(MM/DD/YEAR)*

TSA PRE-CHECK #: *(IF APPLICABLE)* _____ **AIR UPGRADE:** ☐ **FIRST CLASS** ☐ **EXTRA LEG ROOM** *(QUOTED AND BILLED AFTER FINAL PAYMENT)*

TRAVEL DOCUMENTATION

PASSPORT #: _____ **ISSUE DATE:** (MM/DD/YEAR) _____

ISSUING COUNTRY: _____ **EXPIRATION DATE:** (MM/DD/YEAR) _____

Travel Documents: Each participant is required to carry a **passport valid for six months beyond the return date of the tour (December 17, 2027)**. A passport card is **NOT** acceptable for this tour. Citizens Tri-County Bank and Cruises and Tours Worldwide cannot be responsible if passengers are unable to travel due to non-compliant identification or incorrect information submitted.

TOUR SELECTIONS – PRICE IS PER PERSON

PLEASE SELECT ONE: ☐ **DOUBLE** $7,785 ☐ **SINGLE** $9,235 ☐ **TRIPLE** $7,369

ROOMMATE'S NAME: _____

BED CONFIGURATION: ☐ **(2) DOUBLE/QUEEN BEDS** ☐ **(1) KING** *PLEASE NOTE: KING CANNOT BE GUARANTEED*

RESERVATIONS

Please complete a reservation form and submit it along with your **deposit** plus **travel protection plan premium**, if desired, to:

Citizens Tri-County Bank
Attn: Laura Barker
P.O. Box 697
Dunlap, TN 37327
For more information contact
Laura: 423-949-2173 | Email: lbarker@ctcbonline.com

PAYMENT INFORMATION

Please make check payable to: *Citizens Tri-County Bank*

Check #: _____ **Date:** _____

Amount: _____

Deposit: $400 per person

Balance Due: January 5, 2027

OVER FOR CANCELLATION AND WAIVER INFORMATION

This policy must be read and signed before your tour reservation is accepted.

CANCELLATION POLICY: All payments are fully refundable for cancellations received by **January 5, 2027**. Although every effort will be made to refund passenger payments, cancellations received after this date will be subject to the penalties imposed by our suppliers, as well as a $150 cancellation fee. It is highly suggested that all travelers help protect their vacation investment by purchasing an optional travel protection plan. Your group representative can provide information on a plan offered by Travel Guard. Should the passenger purchase travel protection and need to cancel after **January 5, 2027**, a travel protection claim must be filed with Travel Guard. Please note that we encourage all travelers to purchase a plan at the time of initial trip deposit and that the premium is refundable for cancellations received before **January 5, 2027**.

☐ **I ACCEPT** the optional travel protection plan and have paid the premium. I agree **Citizens Tri-County Bank** and **Cruises and Tours Worldwide** are not liable for any losses, financial or otherwise.

☐ **$561** per person in **double** occupancy ☐ **$665** in **single** occupancy ☐ **$531** per person in **triple** occupancy

☐ **I DECLINE** the optional travel protection plan and in doing so realize that I may lose all or part of my trip payment if I have to cancel after the cancellation date noted on the trip flier. I also realize that I will be 100% responsible for all expenses incurred if I become sick, injured or die while on the trip; or if I must leave the tour to return home. I agree **Citizens Tri-County Bank** and **Cruises and Tours Worldwide** are not liable for any losses, financial or otherwise.

TRAVEL ARRANGEMENTS BY CRUISES AND TOURS WORLDWIDE, ST. LOUIS, MO

Cruises and Tours Worldwide acts only as an intermediary and agent in handling travel arrangements that are actually provided by other suppliers. This agency, therefore, shall not be responsible for breach of contract or any careless actions or omissions on the part of such suppliers, which result in any loss, damage, delay, or injury to tour participants. Cruises and Tours Worldwide may not be held responsible for losses or expenses due to sickness, lack of appropriate medical facilities or practitioners, public health issues, quarantine, weather, strikes, political instability, government restrictions, theft or other criminal acts, war, terrorism or acts of God. Cruises and Tours Worldwide retains the right to substitute accommodations or services of comparable quality if the advertised services become unavailable. Cruises and Tours Worldwide reserves the right to cancel this tour if the minimum number of tour participants is not met. The published price of this tour is based on rates available at the time of booking. Cruises and Tours Worldwide reserves the right to increase the cost of the tour, at any time, in the unlikely event that our tour suppliers impose price increases such as, but not limited to, fuel surcharges. Proof of such rate adjustments from our suppliers will be provided.

INFECTIOUS ILLNESS ASSUMPTION OF RISK: Cruises and Tours Worldwide and Citizens Tri-County Bank cannot prevent me or anyone in my group from becoming exposed to, contracting, or spreading <u>any</u> illness on tour. I voluntarily assume risks associated with exposure by virtue of my presence on this tour. I understand that exposure to infectious illnesses, including but not limited to COVID-19, may cause personal injury, illness, permanent disability, and/or death

WAIVER OF LAWSUIT/LIABILITY: I, my family, my heirs, my legal representation, and my assigns hereby forever release and waive the right to sue Cruises and Tours Worldwide, Citizens Tri-County Bank, their parent companies, their owners, officers, directors, managers, officials, trustees, successors, agents, employees, or other representatives in connection with exposure, infection, and/or spread of any disease/illness, including COVID-19. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen, or unforeseen.

Signature: _____ **Date:** _____

Printed Name: _____