



Vacations and Cruises Worldwide since 1984

25701 IH-45 North, Suite #3-A, Spring Texas 77380  
Local (281) 363-0808 Fax (281) 363-0916  
Toll free 1-(800) 470-2020

Date of Departure: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I have chosen the Travel SUPPLIER(S) \_\_\_\_\_

AIRLINE \_\_\_\_\_, HOTEL \_\_\_\_\_, and the

DESTINATION of \_\_\_\_\_ for travel arrangements that I purchased from Castaways Travel. I understand if I encounter problems or losses during my trip regarding these services or destination that such claims shall be made directly to the travel service suppliers and other persons responsible and not this agency. CASTAWAYS TRAVEL may assist with your claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Portions of this package may not be/are refundable/Supplier Cancellation penalties will apply/Agency Cancellation fee of \$50/person will apply.

**PASSENGER TRIP INTERRUPTION & TRAVEL PROTECTION PLAN**

PLEASE CHOOSE ONE

ACCEPT: I accept travel insurance. Total insurance cost\$ \_\_\_\_\_

We must have your date of birth to process the insurances please fill in below:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Signature: \_\_\_\_\_

DECLINE: I have been offered and I have declined the purchase of; Trip cancellation (including airline, cruise, and tour operator default) and travel accident/limited sickness/medical/trip interruptions insurance.

I, the undersigned will not hold CASTAWAYS TRAVEL and/or its agents responsible or any expenses incurred by me resulting from delay/cancellation of my trip, accident sickness, death, stolen or damaged baggage or property.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Client Signature