



Vacations and Cruises Worldwide since 1984?

25701 IH-45 North, Suite # 3-A, Spring, TX 77380
Local (281) 362-8785 Fax (281) 363-0916

Charge Card Authorization

Forms must be signed and returned to confirm Booking

I _____ authorize Fox Travel / dba "Castaways Travel" to charge:
(print your name)

\$ _____ TOTAL AMOUNT
\$ _____ DEPOSIT (IF APPLICABLE)
\$ _____ AIRFARE
\$ _____ INSURANCE (Optional – See attached)

BALANCE OF \$ _____ WILL BE AUTOMATICALLY CHARGED _____
(Unless otherwise notified)

TO: Charge Card # _____ Security Code _____ exp _____ /20 _____

On behalf of Passenger(s): _____
Legal Names of all passengers

**** USE LEGAL NAMES AS THEY APPEAR ON PROOF OF CITIZENSHIP ****
NAME CHANGE WILL RESULT IN A PENALTY

For a trip to: _____ on the dates of: _____ to _____ 200___.
Name of Country

HOTEL: _____ **ROOM TYPE:** _____ **# NIGHTS:** _____

Portions of this package may not be or are not refundable.
Cancellation penalties apply from both supplier and Castaways Travel.
Agency cancellation fee \$50/per person

Card Holder's Signature Date

Name

Your Charge Card Billing Address:

City State Zip

Phone (Business) Phone (Home)

Fax Email

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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