



Travel arrangements
provided by



August 18-26, 2019

PASSENGER INFORMATION (1st Traveler)
Full name must be exactly as it appears on your passport or passport application. Passport information may be sent later if you have yet to obtain a passport.

First Name: _____

Middle Name(s): _____

Last Name(s): _____

Preferred Name: _____ Gender (circle one): **M** **F**

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (c) _____

Email: _____

Passport #: _____

Passport Exp. Date: ____ / ____ / ____
month / day / year

Date of Birth: ____ / ____ / ____
month / day / year

Dietary Needs: _____

Additional Special Requests/Needs: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact's Phone: _____

PASSENGER INFORMATION (2nd Traveler)
Full name must be exactly as it appears on your passport or passport application. Passport information may be sent later if you have yet to obtain a passport.

First Name: _____

Middle Name(s): _____

Last Name(s): _____

Preferred Name: _____ Gender (circle one): **M** **F**

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (c) _____

Email: _____

Passport #: _____

Passport Exp. Date: ____ / ____ / ____
month / day / year

Date of Birth: ____ / ____ / ____
month / day / year

Dietary Needs: _____

Additional Special Requests/Needs: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact's Phone: _____

Sleeping Preference (circle one): Two Beds One Bed

Roommate (name): _____

Please choose cabin:	(Double Occupancy) Trip Costs Per Person
<input type="checkbox"/> Cat. IB Inside (138-143 sq ft; 5 available)	\$3,727
<input type="checkbox"/> Cat. OB Oceanview (155-161 sq ft; 5 available)	\$4,007
<input type="checkbox"/> Cat. BA Balcony (205 sq ft; 10 available)	\$4,565
Optional Basic Secondary Travel Protection Plan (non-refundable): \$192 per person, Cat. IB; \$270 per person, Cat. OB & BA	

(Pricing based on air estimate of \$1,000)

Travel Protection (please check one): **YES** **NO, I decline**

*** Travel protection plan payment is due with your deposit ***

Waiver of the Pre-Existing Condition Exclusion (see *plan summary pamphlet*): The exclusion for pre-existing conditions will be waived provided: (a) Your payment for this plan is received within 14 days of the date your initial payment or deposit for your trip is received; and (b) You are not disabled from travel at the time your plan payment is paid. To review full plan details online, go to: www.tripmate.com/wpF450D.

ALASKA

DOCUMENTATION: A valid U.S. passport is required for this tour. Each U.S. citizen must have a valid passport. The expiration date of all passports should be at least 6 months after the return date of the tour. If you don't have a passport, call our office and we'll tell you how to apply for one. Holders of non-U.S. passports have different entry requirements. Please NOTE: Due to airline security measures, your passport name must match your airline ticket name and your tour reservation name or you may be denied aircraft boarding.

OPTIONAL BASIC SECONDARY TRAVEL PROTECTION PLAN: Travel Protection means passengers are covered when unforeseen medical circumstances arise which may force you to cancel or interrupt your vacation. Coverage is as follows: Accidental Death and Dismemberment (\$25,000), Emergency Medical Expense/Emergency Assistance (Emergency Accident and Sickness Medical Expense - \$50,000 / Emergency Evacuation and Repatriation - \$250,000), Trip Cancellation (Trip Cost), Trip Interruption (150% of Trip Cost), Missed Connection (\$750), Travel Delay \$750 (up to \$150 per day), Baggage and Personal Effects (\$2,500), Baggage Delay (\$250). A brochure with full details is available. To review full plan details online, go to: www.tripmate.com/wpF450D.

CANCELLATION: Full refund of all monies is made if cancellation is received in writing to Pilot Grove Savings Bank prior to final payment, less the cost of your Travel Protection Plan (if purchased). A 100% fee is charged if the cancellation occurs between final payment and departure. If the reason for cancellation is due to a medical or other reason that is covered by Travel Protection, you may be eligible for reimbursement for such fees from your Travel Protection Plan provider.

TRAVELERS WITH SPECIAL NEEDS: You must advise Star Destinations, Inc. (SDI) at the time of registration of any disability requiring special attention. SDI will make reasonable efforts to accommodate the special needs of travelers. The Americans with Disabilities Act is applicable only in the U.S. and accommodations outside the U.S. may be more limited. Travelers requiring assistance are required to be accompanied by a companion who is capable of and totally responsible for providing the assistance. Neither SDI personnel nor its suppliers may lift or physically assist with traveler's special needs including but not limited to walking, dining, or other routine activities. Travelers thinking they may need assistance should call SDI to determine what accommodations may reasonably be provided. Arrangements at an additional cost are the financial responsibility of the traveler.

TERMS & CONDITIONS: Star Destinations, Inc. (SDI) acts as an agent for and makes arrangements with airlines, hotels, railroads, bus lines, cruise lines, adventure companies and other independent parties to provide you with the travel services and accommodations. Although great care is taken in choosing suppliers, we are unable to directly control them and therefore cannot be held responsible or liable for their acts or omissions. The travel services are subject to the conditions imposed by these suppliers and their liability may be limited by their tariffs, conditions of carriage, and international conventions and agreements. Should for any reason beyond our control, the hotel or establishment described in the attached itinerary may not be available, SDI and its agents reserve the right to lodge travelers in another hotel of similar or superior category. SDI cannot assume responsibility for any claims, losses, damages, costs or expenses arising out of injury, accident or death, damage, loss or delay of baggage or other property, or delay, inconvenience, loss of enjoyment, upset, disappointment, distress or frustration, whether physical or mental, resulting from a) mechanical breakdowns, dangers inherent to the sea, fire, theft, civil disturbances, strikes, government actions, weather and other factors and causes beyond our control. b) passenger's failure to follow instructions of SDI or its representatives. c) any other cause beyond the control of SDI. In addition, SDI reserves the right to vary the Tour Price advertised or printed to cover any increase in air fare, fuel price, Government taxes and charges, exchange rate fluctuations, or other Tour related tariffs and costs subject to price guarantee. If you request a variation or change to your booking, SDI may choose to accept or reject that request at its sole discretion. If SDI accepts your request, you must pay the variation fee and any costs associated with it.

I have read and agree to the terms and conditions.

Please register me for the trip!

Signature (1st Traveler): _____

Date: _____

Signature (2nd Traveler): _____

Date: _____

***A deposit of \$500 per person is required with your registration form.
(plus travel protection plan payment, if you choose to purchase)***

FINAL PAYMENT IS DUE: APRIL 5, 2019

A photocopy of your passport is required with Final Payment.

DEPOSIT PAYMENT INFORMATION:

Enclosed is my check, made payable to: Star Destinations

In the amount of: _____

**Mail Check to: Pilot Grove Savings Bank
1341 Pilot Grove Road, Box 5, Pilot Grove, IA 52648**

NCL Pick Two: (please select two)

for roommates registering separately, please note that both cabin occupants must choose the same 'Pick Two' options

** guests are responsible for 20% gratuities on the retail value of the beverage and dining packages*

Specialty Dining Package (4 Meals)*

Ultimate Beverage Package*

**\$50 Shore Excursion Credit Per Port
(per cabin)**

**20 Photo Package
(per cabin)**

**250 Minute Internet Package
(per cabin)**

**For further information or questions, please call:
Melissa Flowers (319) 469-3951
or email: mflowers@pilotgrovesavingsbank.com**

By registering for this trip, I agree to grant to Star Destinations and its authorized representatives permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote Star Destinations, and further that such use shall be without payment of fees, royalties, special credit or other compensation.