## Travel Insurance Waiver Forms must be signed and returned to confirm Booking

Date of Departure	Today's Dat	te:	
I have chosen the <b>travel SUPPLIE</b>	<b>ER</b> (s)		<b>,</b>
AIRLINE	, Hotel		, and the
AIRLINE_ DESTINATION of		for travel arrangen	nents purchased
through Cordially Yours Travel or	the Division of Hearts	on the Go or Golf on the	Go Travels the
World. I understand that should I e			
destination I have purchased, such			
persons responsible and not this a			
assist with your claims provided yo			is purchased through
Cordially Yours Travel, Hearts on	the Go or Golf on the	Go Travels the World.	
Signature		Date	
TYPE OF INSURANCE REQUI	ESTED: (check items t	to be incl.)	
Passenger Trip Interruption & Trav	vel Protection Plan		
Cancel for Any Reason (inquire ab			
Does a Pre-Existing Medical Cond			
Is Medical Evacuation Insurance in			
Anything else we should know abo			
, ,			
PLEASE CHOOSE ONE			
ACCEPT: I accept travel insurance	e. Total insurance cost:	\$	
Client Signature			
<b>DECLINE:</b> I have been offered an			on
(including airline, cruise, and tour		avel accident/limited	
sickness/medical/trip interruptions	insurance.		
STATEMENT OF CLIENT			
I, the undersigned will not hold <b>Co</b>	ordially Yours Travel o	or any of the Divisions, He	arts on the Go
and/or Golf on the Go Travels the			
For any expenses incurred by me re			nt,
sickness, death, stolen or damaged	baggage or property.		
Agent Signature	Client Signature	gnature	<del></del>
Partion	s of this package may not	he/are not refundable	

Portions of this package may not be/are not refundable.

Supplier cancellation penalties will apply.

Agency cancellation fee of \$50/person will apply.

**Cordially Yours Travel** 

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