

BACK TO GHANA 2022 TOUR

Payment Schedule: Not adhering to the payment schedule can result in late payment penalties, cancellation without notice and/or rate increases.

- \$500 per person non-refundable deposit - Due at the time of booking to reserve your space
- \$1500 second deposit balance after initial deposit – Due by December 11, 2021 (if booking for the first time at this date a total payment of \$2000 is due at the time of booking)
- Full and final payment is due by June 10, 2022
- ALL PAYMENTS ARE MADE PAYABLE TO CHAMPION SERVICES TRAVEL OR CST. Mailing address; PO Box 44140, FT. Washington, MD. 20749 (No faxed Registration & Passport Copies Please) WALK-INS ARE NOT ALLOWED
- **OPTIONAL PAYMENT PLAN: DEPOSIT PER MONTH OF \$299/DOUBLE ROOM OR \$371/SINGLE ROOM STARTING APR. 2021 THRU JUNE 10, 2022! (15 Payments with initial deposit)**

Cancellation:

- \$500 Initial Deposit is Nonrefundable and Nontransferable
- 100% of the (\$2000) deposit is nonrefundable if canceled - on or before January 10, 2022
- 100% of the total package price is non-refundable if canceled - on or after July 08, 2022 including No-Show

We must receive your cancellation notice with your signature in writing by mail, email or overnight courier, and your cancellation date will be the date we receive your notice. Your decision not to participate on the Tour due to State Department warnings, fear of travel, or the like will be deemed a cancellation. If a flight you organized or other delay for any reason prevents you from joining the Tour on the Tour start date, you will be considered a no-show, and we cannot provide a full or partial refund or credit toward a future Tour, but you may join the Tour late if you wish.

Price Details:

\$4489 per person based on double occupancy / \$5569 based on a single room (*Upgrades for Air and or Hotel, please contact agency. Based on availability*) Payments made payable to: CHAMPION SERVICES TRAVEL OR CST. Mail to: PO Box 44140, Fort Washington, MD. 20749

Description: Include number of nights, Package inclusions, Departure city, Dates of travel

Round Trip International Air (Coach) from Dulles Intl. to Accra, Ghana, hotel/resort accommodations, 12 days in Ghana, breakfast & diner daily and other meals indicated in itinerary, airport transfers, selected tours per itinerary. **Not Included:** Ghana Visa (\$100), Vaccines, Tour Guide & Driver Gratuity, Meals not mentioned, Travel Protection Insurance and things of a personal nature. Tipping can be collected before you depart or we will collect upon entry in Ghana by a CST Rep. (Suggested amount \$11 pp-pd = \$121), 2022 Airline taxes and fees are subject to change per industry; you will be notified when CST is notified. Please note with group bookings preferred air seating selections are not guaranteed. **Business Class Air upgrade starts at \$4,000 pp in addition to this tour package price; see agent for details.**

Checking this box, and submitting your tour registration, you acknowledge that you have read and agree to our Terms and Conditions of booking, which are located at: www.all4champion.com - I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE PARTICIPANT AGREEMENT. **A COVID VACCINATION WILL BE REQUIRED FOR THIS TOUR**

Name: _____ (EXACTLY as is on your Passport) Male ___ Female ___ Trip Code: BGCST/22

Address: _____ City: _____ ST: _____ Zip: _____

Home Ph: _____ Cell: _____ Air Seat Prefer: _____

Email: _____ Passport #1: _____

Rooming with: _____ M ___ F ___ Sharing same invoice: yes ___ / no ___
(Passport # for 2nd person only if sharing the same invoice)

Traveler 1 DOB: ___/___/___ Traveler 2 DOB: ___/___/___ Passport #2 _____

Seeking a roommate: Yes ___ No ___ (CST is not responsible for providing a roommate) Form of Payment: CC ___ CK ___ MO ___ CCK ___

Credit Card payments will be charged a 3% processing fee.

Special Medical Needs: _____ (Some needs may not be accommodated)

In case of an emergency, please contact: Name: _____ Phone: _____

FF# _____ TSA Priority Check-In # _____ Interested in R/T Airport Transfers: Yes ___ No ___

CC#: _____ Name on CC: _____

Exp. Date: ___/___/___ SC _____ Print Signatory Name: _____

Signature: _____ Date: _____

CC Mailing address if different from above: _____

EACH REGISTERED GUEST MUST SUBMIT 2 PASSPORT COPIES TO Champion Services Travel