

BACK TO GHANA 2024 TOUR - SEP. 11-22, 2024

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 November 11, 2023 (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 05, 2024
- 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 monthly payment plan available: \$370. Per person per month, double occ., (\$460 single occ.) May 2023 thru June 2024**

Cancellation:

- \$500 Initial Deposit is Nonrefundable and Nontransferable
- 100% of the (\$2000) deposit is nonrefundable if canceled - on or after January 10, 2024
- 100% of the total package price is non-refundable if canceled - on or after July 09, 2024 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. **We would like to inform you that any changes or interruptions to your scheduled events or tours due to weather conditions may not automatically entitle you to a refund. Refunds in such cases are subject to the discretion of the destination operator.**

Price Details:

\$5433 per person based on double occupancy / \$6653 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, 11 days in Ghana, breakfast & dinner 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 will be collected upon entry in Ghana at first hotel by a CST Rep. (Suggested amount \$12 pp-pd = \$132), 2024 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.**

By 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. For information on Ghana entry requirements, please visit, <https://ghanaembassydc.org/entryrequirements/>

Name: _____ (EXACTLY as is on your Passport) Male ___ Female ___ Trip Code: BGCST/24

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 ___ Zelle ___

Contact our office for Zell Payments - Credit Card payments will be charged a 3.3% processing fee.

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

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

FF# _____ TSA Priority Check-In # _____ Global #: _____ Charge my credit card:

\$ _____ per request CC#: _____ Name on CC: _____

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

X _____ Signature Please. Date: _____ CC Mailing address if different from above: _____

EACH REGISTERED GUEST MUST SUBMIT 1 PASSPORT COPY TO Champion Services Travel (NO FAXED COPY PLEASE!)