

CHAMPION SERVICES TRAVEL BLACK TO EGYPT 2023 TOUR – Sept. 7 – 18, 2023

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

- \$500 per person non-refundable, (with a transferable option) deposit - Due at the time of booking
- \$1500 second deposit balance after initial deposit – Due by Apr. 07, 2023 (if space is available and booking for the first time at this date a total payment of \$2000 is due at booking)
- Full and final payment due by Jun. 09, 2023
- ALL PAYMENTS ARE MADE PAYABLE TO CHAMPION SERVICES TRAVEL OR CST. Mailing address; PO Box 44140, FT. Washington, MD. 20749 (No faxed registrations please)
- **OPTIONAL MONTHLY PAYMENTS are welcomed:**

Cancellation:

- \$500 Initial Deposit is Non-refundable, however is transferable with a provided replacement name
- 100% of the deposit (\$2000) is non-refundable if canceled - on or before May 05, 2023
- 100% of the total package price is non-refundable if canceled - on or after July 07, 2023 including No-Show

We must receive your cancellation notice in writing with your signature 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 delays 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, however, you may join the tour late if you wish.

Price Details:

\$4295 per person based on double occupancy / \$5395 per person based on single occupancy
PAYMENTS ARE 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 and exclusions

Round Trip International Air, from Wash. Dulles Intl. Airport on Egypt Air to Cairo, three nights hotel accommodations in Ciaro, four nights accommodations on the Nile Cruise, one night hotel accommodations in Aswan, and 2 nights return in Cairo, In-Country flights, all airport transfers, breakfast daily, other meals as indicated on itinerary and select tours per itinerary. Visa cost is \$35, and will be processed in advance through our office. **Not Included:** Tour Guide & Driver Gratuities, Meals not mentioned. Travel Protection Insurance, COVID-Vaccine and things of a personal nature. Gratuities will be collected upon entry in Egypt at the 1st hotel check-in (Suggested amount \$132 each/\$12 pp-pd). 2023 Airline taxes & fees and/or travel industry fees are subject to change; you will be notified in advance. Travel documents will be presented approximately 2-3 weeks prior to departure... date TBD

By checking this box, and submitting your tour registration, you acknowledge that you have read and agree to the Terms and Conditions for this booking, which are also located on our website www.all4champion.com

Name: _____ M _____ F _____ (Exactly as it appears on your passport) Trip Code: **CSTE/23**

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

Home Ph: _____ Cell: _____ Email: _____ Air Seat Pref. _____ / _____

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 #: _____ Passport #: _____

Seeking a roommate: Yes _____ (CST is not responsible for finding you a roommate) Form of Payment: CC _____ CK _____ MO _____ CCK _____ CashAp _____ (For CC add 3% processing fee)

Credit Card #: _____ Exp. ____/____/____ SC: _____ Charge amount \$ _____ I agree to future cc-charges by request only: Yes _____ No _____

Add 3% processing fee to for credit card total payments

Provide CST with a hard copy of your passport at registration or no later by final payment date 2023! In case of an emergency, please contact: Name: _____

Phones: _____ / _____ Special Food or Medical Needs: _____ (Some needs may not be accommodated)

Date: ____/____/____ Print Name: _____ Signature X _____

T-Shirt Size: _____ / _____ FF# _____ TSA Priority Check-In # _____