

CHAMPION SERVICES TRAVEL ITALY 2024 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 registration or until space is filled
- \$1500 pp second deposit balance after initial deposit is due by July 15, 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 February 15, 2024
- 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 PAYMENT ARE WELCOMED: \$343 per person, per month Dbl. Occupancy starting Feb. 2023 thru Feb.15, 2024 - and \$420 for Single Room (13 months)**

Cancellation:

- \$500 Initial Deposit is Nonrefundable and Nontransferable
- 100% of the deposit (\$2000) is non-refundable if canceled - on or before Aug 15, 2023
- 100% of the total package price is non-refundable if canceled - on or after Mar 15, 2024 including No-Show

We must receive your cancellation notice in writing by mail, email or overnight courier, and your cancellation date will be the date we receive your notice – excluding weekends. 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, but you may join the Tour late if you wish. [Travel Protection Insurance](#) is **HIGHLY recommended!**

Price Details:

\$4695 per person based on double occupancy / \$5695 per person based on single occupancy ([Upgrades for Air and or Hotel; please contact agency. Based on availability](#)) 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 (economy class), on Lufthansa Air from Dulles Intl. to Milan, Italy, Superior First Class & Deluxe Accommodations; 11 ngts/11 days, breakfast daily & dinner most days, and other meals indicated in itinerary, airport transfers, select tours per itinerary. **Not Included:** Tour Assistance, Guide & Driver Gratuities, Meals not mentioned, Travel Protection Insurance and things of a personal nature. Tipping will be collected in Italy, at the first hotel. (Suggested amount \$12 pp-pd = \$120 each). 2024 Airline taxes and fees will be reassessed, and subject to change per industry. Itinerary is also subject to change without notice. You will be notified accordingly. Please note with group bookings preferred air seating cabins are not guaranteed. [Business Class Air upgrade starts at \\$5000 pp in addition to this package price; see agent for details. Photos taken by CST during our tours may be used in our future marketing.](#) 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.

☐ 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 also located at: www.all4champion.com I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE PARTICIPANT AGREEMENT. For ITALY entry information, visit, <https://it.usembassy.gov/covid-19-information/> Prices and schedules are subject to change without notice, Government issued. Protect your investment with Travel Insurance, see agent.

Name: _____ (EXACTLY as it appears on your Passport) Male _____ Female _____ Trip Code: CST-I/24
Address: _____ City: _____ ST: _____ Zip: _____ Home Ph: _____
Cell: _____ Email: _____ Air Seating Pref: _____ / _____ (not guaranteed)
Rooming with: _____ Sharing same invoice: yes _____ / no _____ (Passport # for 2nd person only if sharing the same invoice)
Traveler 1 DOB: ____/____/____ Traveler 2 DOB: ____/____/____ Passport #: _____ Passport #: _____
Seeking roommate: Yes ___ No ___ (CST is not responsible for providing a roommate) Form of Payment: CC _____ CK _____ MO _____ CCK _____ C-AP _____ (A 3.3% processing fee will be added to all Credit Card charges)
Credit Card #: _____ Exp. ____/____/____ SC: _____ Charge amount \$ _____ I agree to future cc-charges by request only: Yes ___ No ___
Please provide CST with a hard copy of your passport with registration by Jun 01, 2023. No Fax Copies! In case of an emergency, please contact: Name: _____
Phones: _____ / _____ Special Dietary or Medical Needs: _____ (Some needs may not be accommodated)
FF# _____ TSA Priority Check-In # _____
Print Signatory Name: _____ X _____ Signature Please Date: ____/____/____