MARIANATHA TOURS
The Comfy Backpacker Travel & Tours
www.marianathatours.org

Email:
info@marianathatours.org

PAYMENT FORM FOR E-TRANSFER ONLY

Send payment to : info@marianathatours.org

Indicate Trip Name under Remarks/ Notes before sending your payment

Traveller 1: $ _____Traveller 2: $ _____

I, _____(Name of Lead Traveler) have read, understood and agreed with the terms and conditions of this trip.

_____
Signature / Date

GET A FREE TRAVEL INSURANCE QUOTE FROM MANULIFE

TRAVEL INSURANCE WAIVER FORM

Travel insurance provides a valuable benefit to protect you from the unexpected. We want to ensure that your travels are only filled with happy and picturesque memories.

For this reason we will need you to read and understand the insurance offers whether from the vendor or third party.

Travel Medical Insurance is required for this trip. We ***strongly*** recommend you purchase travel cancellation/

interruption insurance.

If you choose to decline all offered protections, you assume any and all personal, mental and financial losses.

Lead Traveler's Full Name: _____
Travel Advisor's Name: _____
Travel Date: (MM/DD/YYYY) _____

Please initial by your choice and Sign Below

___. Yes, I will purchase my/ our own travel medical and trip cancellation/interruption insurance
___. No, I decline to purchase travel insurance and accept the terms.
___. Please refer me to a travel insurance agent.

I hereby agree with the terms of the above and hereby understand coverages offered of declined and understand the consequences of changes and/or cancellations.

_____
Lead Traveler Signature/ Date