



Magical Escapes

Please complete form and **Fax (1-866-698-7849 toll-free or 1-408-228-8735)** or Mail to Magical Escapes Vacations, 63 Curtis Avenue, MA 02703. Note that travel documents can not be released until we receive this completed form. Thank you.

Travel Counselors Name _____

Client Name: _____
Last Name First Name

Address: _____
Mailing Address City State Zip Code

Phone: (____) _____ - _____ H (____) _____ - _____ W **E-Mail Address:** _____

All Other Travelers: _____

Type of Sale: Tour Cruise Package **Destination(s):** _____ **Vacation Amount:** \$ _____

Travel Dates: ____/____/____ **Travel Dates:** ____/____/____ **Form of Payment:** _____
Departure Return

Travel Verification: (Signature REQUIRED)

I, _____, have reviewed the dates, times, payment due dates, and cancellation policy for reservations made on my behalf by Magical Escapes Vacations and I agree that they are correct and accurate. I understand that Magical Escapes Vacations is not responsible for any cancellation, errors or omissions on my behalf or on the behalf of vendors providing travel services as a result of this reservation. I accept the terms and conditions as stated on the back (page 2) of this form.

Signature: _____ Date: ____/____/____

Trip Insurance Notification: (Signature REQUIRED)

Trip insurance is strongly recommended by Magical Escapes Vacations to protect clients from certain situations that could cause this trip to be cancelled, interrupted, and/or delayed resulting in a loss of time and monies. **Please check one:**

I hereby waive trip insurance. I understand that Magical Escapes Vacations will be held free of any claims made as part of this transaction.

Date: ____/____/____ Client Signature: _____

I hereby accept trip insurance. I agree to all of the terms and conditions of the insurance program.

Date: ____/____/____ Client Signature: _____

Cancellation Penalties: (Signature REQUIRED)

I understand the cancellation/amendment policies of the vendor's travel program that I have purchased. I agree to pay all charges, fees, or penalties, and hereby hold Magical Escapes Vacations free of any claims made as a result of the changes/cancellation of this travel reservation.

Date: ____/____/____ Client Signature: _____

PLEASE READ THIS NOTICE. IT CONSTITUTES PART OF YOUR CONTRACT FOR TRAVEL RELATED SERVICES. PLEASE CHECK YOUR DOCUMENTS WHEN YOU RECEIVE THEM. CALL THE TRAVEL AGENCY IF YOU HAVE ANY QUESTIONS. MOST DISCOUNT FARES INVOLVE RESTRICTIONS. CHANGING CARRIERS OR FLIGHTS COULD RESULT IN THE AIRLINE DEMANDING AN INCREASED FARE. CHECK WITH THE AIRLINE OR THE TRAVEL AGENCY BEFORE MAKING ANY CHANGES.

Magical Escapes Vacations (herein "Travel Agency") is acting as a mere agent for SUPPLIERS (identified on the accompanying documents) in selling travel-related accepting services, or in accepting reservations or bookings for services that are not directly supplied by this Travel Agency (such as air and ground transportation, hotel accommodations, meals, tours, cruises, etc.). Travel Agency, therefore, shall not be responsible for breach of contract, failure to comply with any laws such as the Americans with Disabilities Act (ADA), or any intentional or negligent actions or omissions on the part of such suppliers, which result in any loss, damage, delay, inconvenience or injury to travelers or travelers' companions or group members.

Unless the term "guaranteed" is specifically stated in writing on your tickets, invoice, or reservation itinerary, Travel Agency does not guarantee any of such supplier's rates, bookings, reservations, connections, scheduling, or handling of baggage or other personal effects. Travelers have done due diligence, are aware of the quality of the hotel accommodations chosen, and agree that Travel Corporation will not be responsible if they are not satisfied.

Risks, Cancellations and Insurance

Traveler assumes complete and full responsibility for, and hereby releases Magical Escapes Vacations from, any duty of checking and verifying any and all passport, visa, vaccination, or other entry requirements of each destination, and all safety and security conditions of such destinations, during the length of the proposed travel. However, we specifically recommend that U. S. Citizens traveling to Canada, Mexico or the Caribbean, do so with a valid U. S. Passport. For information concerning possible dangers at international destinations, contact the Travel Advisory Section of the U. S. State Department, (202) 647-5225, or access the State-Department's on-line travel advisory service <http://travel.state.gov/travel/warnings.html>. For medical information, call the U. S. Centers for Disease Control (CDC), (404) 332-4559 or log on to www.cdc.gov/travel.

Magical Escapes Vacations shall not be responsible for any injuries, losses or damages in connection with terrorist activities, social or labor unrest, mechanical or structural integrity of air, sea, and ground transportation and accommodations, diseases, local laws, terrorists acts, climatic conditions, Acts of God, delays, changes or cancellation of travel due to weather conditions, hotel services, accidents or health related problems before or while in-transit to (e.g., an accident on the way to a tour), during, and after a tour, or any other actions, omissions, or conditions outside of Magical Escapes Vacations's control.

If travel plans are delayed or cancelled for any reason, including cancellations due to actual or threatened terrorist events, traveler agrees to abide by, and assumes responsibility of, supplier cancellation and change penalty policies for their travel arrangements. Refunds will only be made based on supplier cancellation and change policies, and fees may be assessed according to supplier policy. There will be no refunds due to fear of travel from actual or threatened terrorists events. No refunds will be made by Magical Escapes Vacations outside of supplier cancellation and change policies.

It is the traveler's responsibility to protect their purchases and Travel Insurance is strongly recommended. Traveler is advised to obtain appropriate insurance coverage against these risks; information is available through this Travel Agency regarding travel insurance. Traveler's retention of tickets, reservations, or bookings after issuance shall constitute a consent to the above and an agreement on his/her part to convey the contents hereto to his/her travel companions or group members.

By embarking upon his/her travel, the traveler voluntarily assumes all risks involved in such travel, whether expected or unexpected. Traveler is hereby warned of the above risks as well as possible travel industry bankruptcies and medical and climatic disruptions, and the possibility traveler may be unable to travel as scheduled because of personal emergency.

Mediation and Arbitration

Magical Escapes Vacations desires to maintain friendly relationships with its clients (agents, sellers, buyers, etc.). In order to provide for a mutually beneficial relationship, Travel Corporation has established an alternative mediation program in the event of a misunderstanding or dispute between Travel Corporation and its clients.

If a dispute arises out of or relates to this contract, or breach thereof, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the World Travel Dispute Center under the applicable guidelines as established by International Forum for Travel and Tourism (IFTTA) before resorting to arbitration, litigation, or some other dispute resolution procedure. If mediation is not successful, the parties will settle by binding arbitration administered by the World Travel Dispute Center under the applicable guidelines as established by IFTTA. Judgment on the award rendered by the arbitrator(s), or written agreements of the parties, may be entered in any court having jurisdiction thereof or written agreements of the parties. If litigation is necessary to enforce this agreement, the prevailing party(s) shall receive costs and attorney's fees.



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Credit Card Authorization (if applicable)

At this time, Please charge \$_____ to my credit card listed below. I may also authorize additional payments with this credit card in the future to pay for the total cost of my vacation.

Name (as it appears on credit card)_____

Phone_____

Billing Address_____

Credit Card Type (Visa, Discover, etc.) _____ Expiration Date_____

Credit Card Number_____

Security Code (The last three numbers located on the back or your credit card in the signature box)_____

(For American Express, it is typically four numbers located on the front of the card)

Signature of Authorization_____

Today's Date_____