

# Celtic Quilt Tours, LLC

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Worldwide Quilt & Textile Tours

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## TRAVELER REGISTRATION FORM 2020 Houston International Quilt Festival October 25 - November 1, 2020

**Full Name:**

*\*exactly as appears on your passport*

|       |        |      |
|-------|--------|------|
| first | middle | last |
|-------|--------|------|

**Name for Name Tag:**

**Roommate Name or Single:**

**Passport #:**

**Expiry Date:**

  
*Month/Day/Year*

**Date of Birth:**

  
*Month/Day/Year*

**Telephone #:**

*Mobile phone*

**Email address:**

**Address:**

*street, city, state/province, zip code/postal code*

**Credit Card #:**

**Expiry date:**

**Cardholder Name:**

**CVC:**

**Card Address**

*If different than above:*

**Emergency contact names and phone numbers (not traveling with you):**

| <i>Name</i> | <i>Phone number</i> | <i>Relationship</i> |
|-------------|---------------------|---------------------|
| <i>Name</i> | <i>Phone number</i> | <i>Relationship</i> |

**PLEASE PRINT CLEARLY**

Traveler Name: \_\_\_\_\_

### Medical Alert/Special Considerations

Please describe the nature of the disability/special need, or indicate NONE:

1. Will you be travelling with any special equipment (eg. walking stick, medically necessary device, etc.)? If yes, please give details. Oxygen tanks are not permitted.

|     |    |
|-----|----|
| YES | NO |
|-----|----|

2. Are you able to walk/climb stairs unaided numerous times per day (~5,000-10,000 steps or 5-10 city blocks per day)?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

3. Do you have any dietary needs (allergies, special diet, etc.) we should be aware of to better assist you?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

If you will you be taking any prescription medication while on tour, please supply a complete list, including medication name, dosage, refrigeration, etc. Should anything untoward occur while on tour, your medication information will be provided to the appropriate authority. Attach an additional page if needed. **PLEASE PRINT CLEARLY**

| Medication Name | Dosage<br>(amount taken) | When Taken<br>(how often/time of day) | Refrigeration needed?<br>(yes/no) |
|-----------------|--------------------------|---------------------------------------|-----------------------------------|
|                 |                          |                                       |                                   |
|                 |                          |                                       |                                   |
|                 |                          |                                       |                                   |
|                 |                          |                                       |                                   |
|                 |                          |                                       |                                   |

We will make every reasonable effort to accommodate the special needs of our passengers; however, we are not responsible for any denial of special services by hotels, lodges, restaurants, other suppliers or any additional fees charged for assistance. Escorted tours adhere to a pre-determined and unalterable timetable in conjunction with time-scheduled services provided by tour operators. The undersigned hereby indicates understanding and agreement with/to these conditions.

Please note:

- Carry your prescription medication(s) in the original container
- Carry a copy of your prescription order should you need to replace any lost medication while on tour
- Carry a small supply of over the counter medication (Advil, cold meds, etc.)

Traveler Name: \_\_\_\_\_

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### Terms and Conditions:

This is a private group journey, based on a **minimum of 20 participants** to operate. Rates quoted are in US dollars, per person. Hotels are subject to change. Due to weather conditions and circumstances beyond our control, the itinerary is subject to change.

### Payment Details:

All payments are made through Journeys Connect in US \$ and processed through credit card.

- **Initial Deposit:**  
\$500 per person is required to reserve space. Full and final payment is due by **August 1, 2020**, with payment options as indicated below. All payments will be charged to the credit card on file.
- **Roommate Cancellation:**  
If you booked a twin room (two travelers per room) and your roommate cancels and another roommate cannot be found, you will be responsible for paying the additional "single supplement" charge. If you have purchased Trip Travel Protection insurance, this additional cost may be recoverable through your insurance policy. We strongly encourage you to purchase travel insurance for this and any other emergencies.
- **Trip Travel Protection Insurance:**  
Deposits and payments are non-refundable; we strongly recommend purchase of Trip Travel Protection Insurance. Refunds will only be issued should the minimum 20 travelers not be reached.

**North American Travelers:** Journeys Connect offers full coverage through Trip Mate, please visit: <http://www.tripmate.com/wpF421S> for complete details.

**International Travelers:** check with your local insurance provider in regard to trip insurance.

### Responsibility/Liability:

Payment of the tour package constitutes consent to all Legal policies and terms and conditions described here. Neither the Operator (Journeys Connect), Tour Hosts (Kim Caskey, Debbi Cagney), nor any mentioned or unmentioned subagents or affiliates shall be held responsible for any personal injury, property damage or other loss a passenger incurs on any tour arising from acts or omissions by any air carrier, public transport company, hotel, car rental company, subcontractor or other person or organization, whether such company is rendering any services supplied on the tour.

All tickets and vouchers are issued and supplied subject to the foregoing and to any and all terms and conditions under which transportation and services are provided. The Tour Operator and Tour Hosts accepts no responsibility for losses or expenses due to delay or changes in schedules, flight cancellations or misconnections due to mechanical problems, sickness, quarantine, weather, acts of God, strikes, government actions, war, terrorism or other circumstances beyond its control. Passengers must bear all such losses or expenses.

To guard against unforeseen circumstances, we recommend you purchase the optional travel protection plan offered with each booking. The Tour Operator reserves the right to alter prices at any time prior to departure and without prior notice if circumstances so warrant. Any devaluation or revaluation of currencies may affect published prices.

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Traveler Signature

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Date

Traveler Name: \_\_\_\_\_

## Payment Options

Please indicate your purchase preference below (all funds in US\$ dollars)

### Double Occupancy

|                          |                                      |           |
|--------------------------|--------------------------------------|-----------|
| <input type="checkbox"/> | Land Tour Package Price              | \$2359.00 |
| <input type="checkbox"/> | Land Tour Trip Insurance             | \$212.31  |
| <input type="checkbox"/> | Pre-Tour Hotel 1 night (28OCT20)     | \$132.00  |
| <input type="checkbox"/> | Pre-Tour Hotel 1x Trip Insurance     | \$11.88   |
| <input type="checkbox"/> | Pre-Tour Hotel 2 nights (27&28OCT20) | \$264.00  |
| <input type="checkbox"/> | Pre-Tour Hotel 2x Trip Insurance     | \$23.76   |

### Single Occupancy

|                          |                                  |           |
|--------------------------|----------------------------------|-----------|
| <input type="checkbox"/> | Land Tour Package Price          | \$3288.00 |
| <input type="checkbox"/> | Land Tour Trip Insurance         | \$295.92  |
| <input type="checkbox"/> | Pre-Tour Hotel 1 night (28OCT20) | \$264.00  |
| <input type="checkbox"/> | Pre-Tour 1x Trip Insurance       | \$23.76   |
| <input type="checkbox"/> | Pre-Tour 2 nights (27&28OCT20)   | \$528.00  |
| <input type="checkbox"/> | Pre-Tour Hotel 2x Trip Insurance | \$47.52   |

**TOTAL LAND TOUR PURCHASE:** \$

**OPTION 1: Paid in Full:**

|   |   |
|---|---|
| \$ <input style="width: 90%; height: 20px;" type="text"/> | <b>DATE:</b> <input style="width: 90%; height: 20px;" type="text"/> |
|---|---|

**OPTION 2: Deposit + 6 Payments**

Insurance Premium\*

Deposit

**Total Deposit Paid:**

### Double Occupancy

### Single Occupancy

|   |   |
|---|---|
| \$ <input style="width: 90%; height: 20px;" type="text"/> | \$ <input style="width: 90%; height: 20px;" type="text"/> |
| \$500.00  | \$500.00  |
| <input style="width: 90%; height: 20px;" type="text"/>    | <input style="width: 90%; height: 20px;" type="text"/>    |

**Monthly Payment Schedule**

|                         | Double Occupancy | Single Occupancy |
|-------------------------|------------------|------------------|
| 01MAR2020<br>Payment #1 | \$375.00         | \$560.00         |
| 01APR2020<br>Payment #2 | \$375.00         | \$560.00         |
| 01MAY2020<br>Payment #3 | \$375.00         | \$560.00         |

|                         | Double Occupancy                  | Single Occupancy |
|-------------------------|-----------------------------------|------------------|
| 01JUN2020<br>Payment #4 | \$375.00                          | \$560.00         |
| 01JUL2020<br>Payment #5 | \$375.00                          | \$548.00         |
| 01AUG2020<br>Payment #6 | Pre-Tour Hotel<br>Any Balance Due |                  |

\*Land Tour Insurance Premium **MUST** be purchased when you submit your \$500 deposit. This will ensure that any pre-existing conditions you have will be covered should you need to cancel your tour, or utilize your insurance while on tour.

\*If you have arranged **Private Insurance**, please send us the company information, including policy number and contact information.