

Please complete **both sides** of this reservation form (one per person) and mail it along with your \$100 per person deposit check and travel protection premium, if desired, to:

Classic Travels, LLC
Jill Kirkpatrick
3371 Eastridge Drive
Bettendorf, IA 52722
Phone: (563) 332-0014 FAX: (563) 332-4411
Email: jill@classictravelsllc.com

Please make checks payable to Classic Travels, LLC.

PLEASE PRINT LEGIBLY

Name: _____

Familiar name or nickname:

Street Address: _____

City/State/Zip: _____

Phone number (with area code): Home: _____ Cell: _____

Email Address: _____

Your roommate's name, if applicable: _____

Please note if you require a special diet: _____

Please indicate your bedding preference: _____ King Bed or _____ Two Beds
(King bed cannot be guaranteed)

Please note if your anniversary or birthday occur during the tour: _____

Tour cost *per person*. Please check one: **Double: \$3,999** **Single: \$5,299**

Balance Due: October 9, 2026

Please note: Deposits and travel protection premiums should be made by check. Credit cards may be used for the final payment only and will incur a 3% service charge.



This policy must be read and signed before your tour reservation is accepted.

CANCELLATION POLICY: All payments are fully refundable for cancellations received by **October 9, 2026**. Although every effort will be made to refund passenger payments, cancellations received after this date will be subject to the penalties imposed by our suppliers as well as a \$150 cancellation fee. It is highly suggested that all travelers help protect their vacation investment by purchasing an optional travel protection plan. Your group representative can provide information on a plan offered by Travel Guard. Should the passenger purchase travel protection and need to cancel after **October 9, 2026**, a travel protection claim must be filed with Travel Guard. Please note that we encourage all travelers to purchase a plan at the time of initial trip deposit and that the premium is refundable for cancellations received before **October 9, 2026**.

I ACCEPT the optional travel protection plan and have paid the premium. I agree **Classic Travels, LLC and Cruises and Tours Worldwide** are not liable for any losses, financial or otherwise.

____\$288 per person in **double** occupancy ____\$382 in **single** occupancy

I DECLINE the optional travel protection plan and in doing so realize that I may lose all or part of my trip payment if I have to cancel after the cancellation date noted on the trip flier. I also realize that I will be 100% responsible for all expenses incurred if I become sick, injured or die while on the trip; or if I must leave the tour to return home. I agree **Classic Travels, LLC and Cruises and Tours Worldwide** are not liable for any losses, financial or otherwise.

Travel arrangements by Cruises and Tours Worldwide, St. Louis, MO

Cruises and Tours Worldwide acts only as an intermediary and agent in handling travel arrangements that are actually provided by other suppliers. This agency, therefore, shall not be responsible for breach of contract or any careless actions or omissions on the part of such suppliers, which result in any loss, damage, delay, or injury to tour participants. Cruises and Tours Worldwide may not be held responsible for losses or expenses due to sickness, lack of appropriate medical facilities or practitioners, public health issues, quarantine, weather, strikes, political instability, government restrictions, theft or other criminal acts, war, terrorism or acts of God. Cruises and Tours Worldwide retains the right to substitute accommodations or services of comparable quality if the advertised services become unavailable. Cruises and Tours Worldwide reserves the right to cancel this tour if the minimum number of tour participants is not met. The published price of this tour is based on rates available at the time of booking. Cruises and Tours Worldwide reserves the right to increase the cost of the tour, at any time, in the unlikely event that our tour suppliers impose price increases such as, but not limited to, fuel surcharges. Proof of such rate adjustments from our suppliers will be provided.

INFECTIOUS ILLNESS ASSUMPTION OF RISK: **Cruises and Tours Worldwide and Classic Travels, LLC** cannot prevent me or anyone in my group from becoming exposed to, contracting, or spreading any illness on tour. I voluntarily assume risks associated with exposure by virtue of my presence on this tour. I understand that exposure to infectious illnesses, including but not limited to COVID-19, may cause personal injury, illness, permanent disability, and/or death.

WAIVER OF LAWSUIT/LIABILITY: I, my family, my heirs, my legal representation, and my assigns hereby forever release and waive the right to sue **Cruises and Tours Worldwide, Classic Travels, LLC**, their parent companies, their owners, officers, directors, managers, officials, trustees, successors, agents, employees, or other representatives in connection with exposure, infection, and/or spread of any disease/illness, including COVID-19. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen, or unforeseen.

Signature: _____ Date: _____

Printed Name: _____