

## FESTIVA SAILING VACATIONS

### Trip Protection Program

I agree to the Trip Protection Program and agree not to hold Festiva Sailing Vacations and/or its brokers/agents responsible for any expenses incurred by myself or my party in resulting from cancellation, postponement or interruption of my charter.

**If you decline this policy, the standard cancellation policy applied as follows:**

90 days or more prior to departure – \$300 fee  
89-60 days – Loss of 50% of total amount of trip  
60-45 days – NO REFUND but keep contracted week usage\*  
45 days or less – NO REFUND and loss of contracted week usage\*

Name \_\_\_\_\_

Date of Reservation \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fax signed copy to:  
Tammy Stone, Reservations Manager  
Fax: 828-254-5297

Only names listed for one cabin on the reservation form or amended in writing will be covered by this policy.

\*Week usage refers only to Festiva Cruise Club members.

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**Trip Protection Program**

Payment Form

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

Charter Location: \_\_\_\_\_ Date of charter: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

Amount to be placed on the card (7% of cost of the charter) \$ \_\_\_\_\_

I hereby authorize these charges to be placed on my credit card, and I acknowledge that I have entered into the Trip Protection Program with the Festiva Sailing Vacations. I also have read and agreed to all the terms and conditions of the Trip Protection Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Day Telephone Number: \_\_\_\_\_