

EWT SAFARI RESERVATION Reservation Form

EWT Standard Reservations Form

Enclosed is my/our deposit (\$500 per person) payable to "EWT" to reserve ___ places on the _____ which begins on _____. Desired upgrades follow in detail:

Please read carefully the *Terms & Conditions* below before reserving. You may send a personal check or pay by VISA, MasterCard or American Express. Reservations are processed on a first-come, first-serve basis.



Number on Credit Card: _____

Expiry Date of Card: _____ CID [Security Nbr] : _____

Name Exactly as Appears on Credit Card: _____

Exact Billing Address of Card: _____

Signature of Card Holder: _____

PLEASE MAIL THIS RESERVATION FORM AND PERSONAL CHECK(S) TO:

Explorers World Travel, P.O. Box 6027, Galena IL 61036. Or FAX Credit Card authorizations to: 815-776-0357. BOTH SIDES completed must be faxed to reserve.

1st Name exactly as appears on passport: _____
Date of Birth: _____ Gender: M/F Accommodations¹: If sharing, name roommate: _____
If sharing: Separate beds or Sharing a single bed

2nd Name exactly as appears on passport: _____
Date of Birth: _____ Gender: M/F Accommodations¹: If sharing, name roommate: _____
If sharing: Separate beds or Sharing a single bed

3rd Name exactly as appears on passport: _____
Date of Birth: _____ Gender: M/F Accommodations¹: If sharing, name roommate: _____
If sharing: Separate beds or Sharing a single bed

4th Name exactly as appears on passport: _____
Date of Birth: _____ Gender: M/F Accommodations¹: If sharing, name roommate: _____
If sharing: Separate beds or Sharing a single bed

Street Address (for signed deliveries): _____

City/State/Zip: _____

Phone: Primary (_____) _____ Secondary (_____) _____

Email(s): _____

¹ Accommodations: If the person being reserved is sharing please indicate whether you want to sleep in separate beds or share a single bed (usually a queen bed). If no bed preference is indicated then the shared room will be configured with two beds rather than one.

AIRLINE RESERVATIONS:

After receiving your deposit, we will be delighted to assist with obtaining your airline reservations, including helping you process frequent flyer awards.

UNDERSTANDINGS & RESPONSIBILITIES:

I understand that **THE PRICE** appears on the website and includes the land/safari cost, plus the local air cost, plus any supplements for upgrades or single participation, less any discounts for children under 18 years old, provided that they are sharing a room with a full paying adult.

I(we) have authorized a **DEPOSIT** equal to **\$500 per person**. Once this deposit clears into EWT accounts, the space required to operate the tour will be confirmed if possible. If anything is not available as proposed, the best working alternative will be confirmed. If the working alternative confirmed program differs in any way from the original, EWT will notify me(us) of the changes and I(we) will have **five** business days to withdraw from the program for a full refund of the deposit without any penalty. If the program is confirmed as originally proposed, if the best working alternative program is accepted by me(us), or if **five** days expire from the notification of any changes and I(we) have not written EWT that I(we) wish to withdraw, the program is considered booked and the penalties below will apply.

ONCE THE SAFARI IS CONFIRMED...

... all funds paid are nonrefundable. Full payment on outstanding balances is due before **75 days prior to the scheduled first day on safari**, and no funds are refundable after that date.

EWT SAFARIS DOES NOT ACCEPT PHONED CANCELLATIONS.

Only written cancellations (email is fine) are accepted to protect the integrity of our clients.

YOU ARE URGED TO CARRY ADEQUATE INSURANCE FOR THIS PROGRAM. A variety of insurances are available to you on the web, and we will be happy to suggest certain carriers. If you wish Trip Interruption & Cancellation Insurance with the extended benefits that include coverage against pre-existing medical conditions and certain limited acts of terrorism, your insurance must be purchased within a limited time (1-2 weeks) of your initial deposit with us. If your insurance does not include medivac insurance and you would like it, we can enroll you as a temporary member of the benevolent "Flying Doctors" service for \$35 per person (excluding Dar and Zanzibar) or \$50 per person (including Dar and Zanzibar) that will provide emergency medical evacuation from the point of any disability to the nearest full-service East African hospital.

Explorers World Travel, Inc., [the "Organizers"] accepts no responsibility for any damage, loss, accident, injury, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in carrying out or performing any of the services involved in this safari. Nor do the "Organizers" accept responsibility for losses or expenses from sickness, weather, strikes, wars, or other such causes. Any such losses or expenses must be borne by the participant. The "Organizers" reserve the right to make changes in the published itinerary whenever, in their judgment, conditions warrant, or if they deem it necessary for the comfort, convenience, or safety of the tour. They reserve the right to withdraw any tour announced without penalty. They reserve the right to decline to accept any person as a member of the tour, or to require any participant to withdraw from the tour, at any time, if such action is determined to be in the best interest of the health, safety and general welfare of the tour group or of the individual participant. Under such circumstances, no refund will be given. Baggage and personal effects are solely the responsibility of the owners at all times. Dates, schedules, program details, and costs, given in good faith, based on information available and in force in January 2008 are subject to change and revision. As a condition to acceptance of enrollment, please read, agree to, and sign the waiver statement set forth on the registration form.

WAIVER OF LIABILITY: I/(we) have read the schedule of activities and other information for this safari to Africa and recognize and accept all risks thereof. I/(we) understand and agree on behalf of myself, my dependents, heirs, administrators, and assigns to abide by the conditions set forth under "Understandings & Responsibilities" and to release and hold harmless the "Organizers" and any of their officers, employees, agents, licensees, or representatives from any and all liability for delays, injuries, or death, or for the loss of or damage to property. By signing this I also certify that I do not have any mental or physical condition that would create a hazard for myself or other passengers.

Signature(s): _____ Date: _____

Each adult participant reserving must sign and date this waiver.

| | |
|--|--|
| HOW DID YOU HEAR ABOUT THIS TRIP? (Please check one) | |
| <input type="checkbox"/> Found it online. | <input type="checkbox"/> Past client or referred by a friend/family. |