

Compass Travel ~ Cuba trip # 17733, October 21 – 25, 2020

(Please complete one form per individual or couple.)

Last name _____ First name _____ Nickname _____

Last name _____ First name _____ Nickname _____

Address _____ City _____

State _____ Zip _____ Tel _____ Email _____

Emergency Contact _____ Tel _____

Do you want to add the Trinidad Extension October 25-27? Yes ___ No ___

Do you wish to purchase travel insurance? Yes ___ No ___

If yes, please contact Compass Travel.

I hereby sign and agree to the terms and conditions attached to this form:

Signature _____ **Date:** _____

Please sign this form and return it with a \$1,000 deposit (plus insurance if applicable) by check or credit card. Please make checks payable to **Compass Travel** and send to:

Compass Travel

Attn: Scot Kunkel

2410 Sycamore Rd, DeKalb, IL 60115

Tel: (815) 756-1547 // Fax: (815) 756-1501

Email: info@travelwithcompass.com

For credit card charge (VI / MC / DIS or AMEX):

Credit card type _____ Name on the card _____

Credit card number _____ Exp. _____

CID # _____ (3-digit code on back for Visa/MC or Discover, 4-digit code for AMEX)

Billing address if different from above _____

I hereby authorize **Ya'lla Tours USA** to charge my credit card \$ _____ as a deposit

for the **Compass Travel Cuba trip**. By signing this form, I further state that I have personally read the attached terms and conditions and agree to each of them. Specifically, I understand that should I cancel my trip for any reason, I will be charged the cancellation fee set out in the "Cancellations & Refunds" section.

Signature for the credit card: _____ **Date:** _____