

RESERVATION REQUEST

TRAVEL DATES: March 4 - 12, 2012 ITINERARY: Galapagos Explorer TOUR OPERATOR: Blue Planet Expeditions

PARTICIPANT NAMES: Legal name and birth date of each person. List person to receive correspondence #1.

1) _____ DOB ____/____/____ Name for ID badge _____
2) _____ DOB ____/____/____ Name for ID badge _____
Address _____ City/State/Zip _____
Phone: Home (____) _____ Cell (____) _____ for # ____ above Email: _____@_____

DEPARTURE CITY: () Milwaukee by mini-coach (coach add-on TBA) () Chicago () Miami () Other _____ () Airfare not needed
Airline seat request (request only-not guaranteed): () Window/center () Aisle/Center () Aisles across

HOTEL REQUEST (request only – not guaranteed): () 2 Beds () Double bed () Non-smoking room () Smoking room

GROUP ROSTER: May we include your name and address on a list to be given to all participants? () Yes () No

PROOF OF CITIZENSHIP: () All travelers are U.S. citizens and have, or will obtain, a U.S. passport valid at least 6 months beyond travel dates.
() There is a non-U.S. citizen in our party (Call Cruise & Tour for instructions).

RETURN A LEGIBLE PHOTO COPY OF YOUR PASSPORT WITH YOUR RESERVATION

DEPOSITS AND PAYMENTS: A \$600 per person deposit is required at time of reservation. A second \$600 per person deposit is due October 15, 2011. Final payment is due December 7, 2011. Payment by cash or check only.

DEPOSIT ENCLOSED: () Check in the amount of \$_____ payable to "Cruise & Tour" enclosed.

INSURANCE – CHOOSE AND INITIAL "A" OR "B" (Reservation will be returned if "A" or "B" is not initialed.)

CHOICE "A" INITIAL HERE _____ -- I have received information on the Prestige Elite Plan through TravelSafe and am applying for coverage today in order to have the Pre-Existing Medical Condition Exclusion waived for myself, my traveling companion(s), and for any other family member whose health status may affect my ability to travel. My completed application is enclosed. (Return to Cruise & Tour with this form.) () "Cancel for any reason" coverage chosen () "Cancel for any reason" coverage NOT chosen

CHOICE "B" INITIAL HERE _____ -- I have received information on the Prestige Elite Plan and choose NOT to apply for this coverage. I understand this is a one-time opportunity to have the Pre-Existing Medical Condition Exclusion waived, and I hereby assume all pre- and post-departure risks otherwise covered by this policy, including the option to be able to cancel my trip for ANY REASON and be reimbursed up to 100%.

CANCELLATIONS AND REFUNDS: For cancellations received in writing 91 or more days before departure, your deposit payments are, non-refundable. For cancellations received in writing 90 to 65 days before departure, 50% of your total trip cost becomes non-refundable; less than 65 days before departure or non-appearance on departure day, 100% of the cost of your travel arrangements is forfeited. Any amount not refunded due to cancellation or non-appearance may be recovered from TravelSafe Insurance, subject to your purchase of the insurance and the terms, limitations and conditions of the policy.

CONSUMER DISCLOSURE NOTICE: Downtown Travel, Inc. d/b/a Cruise & Tour is acting as intermediary and agent for suppliers in selling services, or in accepting reservations or bookings for services that are not directly supplied by this travel agency (such as air carriage, hotel accommodations, ground transportation, meals, tours, cruises, etc.). This agency, including its tour leaders/escorts, therefore shall not be responsible for breach of contract or any intentional or careless actions or omissions on part of such suppliers, which result in any loss, damage, delay, or injury to you or your travel companions or group members. Unless the term "guaranteed" is specifically stated in writing on your tickets, invoice, or reservation itinerary, we do not guarantee any of such suppliers' rates, bookings, or reservations. Neither Cruise & Tour nor its tour leaders/escorts shall be responsible for any injuries, damages, or losses caused to any traveler in connection with terrorist activities, social or labor unrest, mechanical or construction difficulties, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions, or conditions outside their control. By embarking upon his or her travel, the traveler assumes all risks involved with such travel, whether expected or unexpected. Traveler is hereby warned of such risks, and is advised to obtain appropriate insurance coverage against them. Your retention of tickets, reservations, or bookings after issuance shall constitute a consent to the above, and an agreement on your part to convey the contents hereto your travel companions or group members. Cruise & Tour reserves the right to correct mathematical or other errors on the traveler's reservation confirmation at any time prior to departure. Cruise & Tour also reserves the right to refuse to accept or retain any person as a participant in this travel program at any time, at their sole discretion.

I understand and agree to the above.

Signature of person paying deposit Date

RETURN TO: Cruise & Tour - P.O. Box 398 - Waterford, WI 53185 - Phone (800) 383-3131 - Fax (262) 514-2308