Return one copy of this form to: David and Cindy Cooper, 133 Loller Road, Hatboro, PA 19040

2011 USA SCOUTER TOUR
Denmark/ Sweden
July 28 - August 4, 2011

REGISTRATION - ONE FORM PER PERSON

Check		
____	Base fee per person	$3183.00 including AIR; double occupancy
____	Base fee per person	$2498.00 Land only: double occupancy
____	Single Room Supplement	$ 875 .00 (if desired)
____	Airport departure tax	$ 485.00 (subject to change)
____	Travel Insurance	Optional, highly recommended

All fees, except Travel Insurance premium, are paid by check to "David W. Cooper".

TERMS: Minimum required for tour - 15 persons. Tour itinerary and / or accommodations are subject to change. Fares and Airport departure taxes are subject to change until ticketed. Airfare is based on 10 passengers. The tour host will make every effort to accommodate those traveling alone and desiring a shared room. Those Travelers who request a single room and those who cannot be paired into a shared room will incur the Single Room Supplement rate.

Air Deviations: Any passenger deviating from the group air is subject to the airline cost for their individual itinerary including taxes, stopover charges, weekend surcharges etc. There will also be a processing fee of a minimum of $50.00 per ticket.

Land Package Cancellation Penalties - per person

Between 99 and 65 days before departure	$500.00
Between 64 and 21 days before departure	25%
Between 20 and 8 days before departure	35%
Fewer than 8 days before departure	50%
On day of departure	100%

Air Cancellation Penalties - per person

Prior to 120 days before departure	$10
60 days to departure	100%

NOTE: ONCE TICKETED, AIR TICKETS ARE NON-REFUNDABLE; $100.00 PER NAME CHANGE FEE.

Refunds: The initial deposit is non-refundable. All requests for refunds or adjustments must be made in writing and received not later than 60 days after the return of the tour. Refunds will be subject to a processing and administrative fee of $200.00 plus any hotel and / or supplier charges incurred.

TOUR PACKAGE: Base Fee $_____(choose one: Including Air or Land only)
Airport Departure Tax $_____(subject to change)
Single Room Supplement $_____(if desired)

TOTAL PAYMENT USD $_____

Check: I will purchase travel insurance __YES (highly recommended) ___NO

I agree to the terms and conditions of the tour program. Initial Deposit of $250.00 is enclosed.

Signature _____Date _____ Date of birth _____

Print Name_____(As it appears or will appear on your passport)

Address _____City _____

State _____ ZIP _____ Phone (_____) _____

Email address_____