

USLHS Tour Registration

I am interested in the tours that I have checked below:

<u>2024 Domestic Tours</u>	<u>Number in Party</u>	<u>2024 International Tours</u>	<u>Number in Party</u>
Lake Erie (Solar Eclipse) April 7-10, 2024	_____	Caribbean Cruise ** Feb 9 – 18, 2024	Full
Lake Erie South June 1-8, 2024	_____		
Connecticut & Rhode Island July 20-28, 2024	_____	Denmark / Germany June 18 – July 5, 2024	Full
Northern California Aug 24 – Sep 2	_____		
Southern Maine & New Hampshire Oct 6 – 12, 2024	_____		
<u>2025 Domestic Tours</u>	<u>Number in Party</u>	<u>2025 International Tours</u>	<u>Number in Party</u>
Alaska Cruise ***** July 16-31, 2025	_____	Australia Jan 4-27, 2025	_____
Lake Superior North Shore Aug 15-22, 2025	_____	France South by Southwest June 5-21, 2025	_____
Cape Cod & Massachusetts Oct 6-12, 2025	_____	Canary Islands Nov 30 – Dec 9, 2025	_____

Deposits

A deposit of \$1,000.00 per person is required for all domestic tours and \$1,000.00 per person for all International tours. Space on a tour is not guaranteed until a deposit is received and the minimum number of tour participants to run the tour has been achieved.

**** Caribbean Cruise requires a \$1,400.00 Per Person Non- Refundable deposit at the time of registration.**

****** Alaska Cruise requires a \$1,500.00 Per Person Non-Refundable deposit at the time of registration.**

PROOF OF TRAVEL INSURANCE IS NOW REQUIRED OR A SIGNED WAIVER ON FILE WITH USLHS HEADQUARTERS.

PLEASE PRINT LEGIBLY AND COMPLETE ALL FIELDS THAT APPLY.

By registering and signing up for a tour you are agreeing to the Society's Tour Policies and payment information as outlined on the web site.

Participants – Names as they appear on your passport or legal documents.

Signature

Signature

Print Name

Print Name

Participants – Names as you would like them on name tags. Print Please

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____ Email: _____

How did you hear about our tours? _____

Total amount enclosed: \$ _____ Check number: _____

Credit Card Info: (check one) Visa _____ MC _____ Discover _____

Number: _____ Exp. Date: _____ Security Code: _____

Send registration form with deposit to:
U.S. Lighthouse Society, 9005 Point No Point Rd. NE, Hansville, WA 98340
Revised 6 November 2023

United States Lighthouse Society Travel Protection Waiver

This Form Must be signed if you are **NOT** obtaining travel insurance.

Name of Tour: _____

I/we have been advised to obtain travel protection / trip insurance by the United States Lighthouse Society for all tour participants.

It is up to the individual(s) to obtain their own travel insurance. The U.S. Lighthouse Society ***does not*** provide this coverage.

As a reminder if you wish to obtain trip protection plans most insurance companies require that you do so within 14 days of your first tour payment. Or you can purchase an annual policy that covers all trips.

By my/our signature(s) below I / we decline to purchase travel protection / trip insurance. I /we understand that I / we am / are solely responsible for any cancellations penalties and out-of-pocket expenses incurred. I / we will also make my/our own separate travel, medical and any other provisions in the event of an emergency while I / we are traveling. I / we also understand that I / we are not protected from loss in the event of any travel vendor, travel supplier or any travel-related operator default. This waiver confirms that I / we voluntarily decline travel insurance and travel protection insurance for the trip named above. I / we understand I / we are solely liable for all airline fees, supplier fees, and agency fees that may apply and I / we hereby release United States Lighthouse Society and its agents from any and all liability related to the trip named above.

I / we have read this document and understand the consequences resulting from my / our decision to decline trip protection and trip insurance.

This waiver must be signed by each adult traveler over 17 years old.

Signature:_____ Date:_____

Print Name_____

Signature:_____ Date:_____

Print Name_____