

RESERVATION FORM

1-888-458-8486

Zehnder Travel Group, Inc./ LutherTours

1. Each traveler must complete both sides of the reservation form. Families staying in the same hotel room may use one form.

Please sign your form and keep a copy for your records.

2. Enclose a \$200 USD deposit per person by Sept. 30. Payments may be made by personal check, money order, certified check, or credit card. If paying by VISA, MasterCard, Discover or AMEX a 4% fee will be added.

Complete & sign the credit card section on the reverse side of this form.

3. Mail your Reservation Form and make all checks payable to:

Zehnder Travel Group
P.O. Box 15126,
Newport Beach, CA 92659

If you are charging your deposit, you may fax this form to 949-548-8974.

NAMES For HOTEL as shown on Drivers License for age 16 & over.

List up to 4 travelers who will be in the same room and will be invoiced together. If your family needs 2 rooms please complete 2 forms. If you will be rooming with someone not listed on this form, please note the roommate's name in the box in the bottom right corner.

First Name

Last Name

Name for Name Badge

_____	_____	_____
_____	_____	_____
_____	_____	_____

Bedding Request: 2 Large Beds 1 King Bed

Any special health considerations? _____

WAIVER OF LIABILITY - PLEASE READ CAREFULLY

Travel involves inherent risks, which could cause bodily injury or financial damages from illness, accident, negligence, delay, deficient accommodations, food, or travel services, lost property, and other causes. If you elect to purchase the travel insurance offered by the trip sponsors, listed above, or other travel insurance, these risks will be covered in part.

By signing this document, you agree that you have been informed about travel risks, are being given the right to purchase travel insurance as part of this tour, and you assume all travel risks and agree to waive any and all claims for damages not covered by travel insurance, against Zehnder Travel Group/ LutherTours/ Christian Travel Planners and related sponsor organizations, including, but not limited to Radio Station KFZO, The Lutheran Church- Missouri Synod (a Missouri not-for-profit religious organization), its districts, congregations, subsidiaries, subdivisions, or affiliates, and any and all of their officers, directors, trustees, employees, contractors, agents, servants, volunteers, parents, successors, and assigns, on behalf of yourself and your relatives, heirs and assigns.

Tour prices are based on tariffs and exchange rates in effect at the time the tour is published. Rates may be adjusted if tariffs or exchange rates are revised. ZTG/ LT/ CTP reserve the right to modify the itinerary without notice should it become necessary.

ADDRESS for TRAVEL DOCUMENTS

Street Address

City/ State / Zip

Home Phone () -

Business () Cell Phone ()

Email

TOUR CHOICE

Tour Name: Tournament of Champions

Host: Kris Higman, Baton Twirling, Inc.

Tour Date: July 1-6, 2010

Check the package you are confirming.

Kula Package < > **Run of House Room for 4**

Kaimana Package < > **Deluxe Oceanvw Room for 4**

Call for additional cost for single, double, triple in 1 room.

ROOMMATE

First Name

Last Name

First Name

Last Name

Each roommate must submit a reservation form.

I wish to have roommates - subject to availability

If roommates are not found, I will accept additional cost for less than 4 per room.

SINGLE, DOUBLE or TRIPLE per HOTEL ROOM

I wish to be contacted regarding additional cost.

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GROUP FLIGHT INFORMATION

Please contact me regarding group flights.

Orange County or/ Los Angeles, CA- flight schedule & cost to be advised _____

Flight Deviation Request:

Departure Date _____ Departure City _____ Pre Tour Hotel _____ # nights

Return Date _____ Departure City _____ Post Tour Hotel _____ # nights

A fee of \$100 plus any fare difference will be charged for deviations from the group flights. Penalties imposed by the airlines for changes made after the tickets are issued will be the responsibility of the passenger. Most tickets are non-refundable once issued.

Group seat assignments are confirmed at the airport prior to departure. If you have special requests such as meals, specific seats or frequent flyer numbers, you may contact the airline directly approximately 30 days prior to your departure date.

LAND ONLY TRAVELERS

I plan to arrange my own flights.

You will be responsible to meet the group at hotel. Any ground transportation required will be your responsibility.

Please advise Zehnder Travel of your flight schedule by June 1, 2010.

Will meet the group at the hotel, no transportation provided.

PAYMENT REQUIREMENTS

Deposit of \$200 USD per person is due by Sept. 30, 2009 along with your completed Reservation Form. Second Payment of \$450 per person is due by Dec. 01, 2009. Balance is due May 1, 2010. A 4% fee will be added to all credit card charges. Payments may be made by personal check, money order, certified check or credit card.

Make all checks payable to: Zehnder Travel Group

- I am enclosing a check or money order for my \$200 per person deposit
- I am including my \$ _____ .00 per person insurance premium
- Charge my credit card \$ _____ .00 for my \$200 per person deposit
- Charge my credit card \$ _____ .00 for my per person insurance premium

Circle one: Visa / Mastercard / American Express / Discover

Card Number _____ Exp _____

Cardholder Name _____

Signature _____ Total Charges _____

CANCELLATION

At the time we receive written notice that you must cancel your tour, the following per person fees will apply:

90 days or more before departure.....\$150
 89-60 days before departure..... \$350
 59- 30 days before departure.....50% of the Total Price
 29 days or less, prior to departure.....NO REFUND

Additional penalties may apply from cruiselines and suppliers

TRAVEL INSURANCE

The plan includes the following coverage and limits of benefits:

TRIP CANCELLATION & INTERRUPTION

.....up to the total trip cost

Only in the event that you are prevented from taking your trip due to injury, sickness or death of yourself, an immediate family member or a traveling companion(s).

- ~ Trip Delay..... \$500
- ~ Missed Connection \$500
- ~ Baggage and Travel Documents..... \$1000
- ~ Baggage Delay..... \$100
- ~ Medical Expense..... \$25,000
- ~ Emergency Medical Transportation.....\$100,000
- ~ Accidental Death & Dismemberment..... \$25,000

CONDITIONS and LIMITATIONS

Certain exclusions and limitations apply to the travel protection plan. They are detailed in the Description of Coverage brochure, available upon request. Please review this document carefully and if you have any questions related to the travel protection plan please call Travel Guard Toll Free at 1-866-385-4839.

PREMIUM PER PERSON varies with total trip cost

- ~ Trips between \$500 to \$1,000 \$74
- ~ Trips between \$1,001 to \$1,500 \$93
- ~ Trips between \$1,501 to \$2,000 \$129
- ~ Trips between \$2,001 to \$2,500 \$164
- ~ Trips between \$2,501 to \$3,000 \$200
- ~ Trips between \$3,001 to \$3,500 \$235
- ~ Trips between \$3,501 to \$4,000 \$270

Refer to product number 007715 3/08

Zehnder Travel Group strongly recommends the above Trip Cancellation/Trip Interruption program that is designed to protect you against non-refundable money, as described above. Please indicate your choice by checking one of the boxes below and include the appropriate premium payment with your deposit for immediate protection.

- I Accept
- I Decline

By my signature below, I understand and agree to the information contained in this reservation form; and the "Terms and Conditions" applicable to the Tour I have registered for. If you have any questions, please be sure to ask before completing and signing this form.

Signature _____

Date _____