



DATE: 8-27-19

EDT#7210: WILLINK MS – 8th Grade
Washington DC, Nov. 4 – 6, 2020

Travel Guard Student Travel Protection Plan

ELECTION FORM

MUST BE COMPLETED AND RETURNED

with your 1st Deposit Trip Payment to your School Trip Leaders.

First Choice Educational Tours, Ltd. is pleased to offer travel insurance protection from Travel Guard International. Unforeseen circumstances can arise and often do. Emergencies can occur before departure or while you are traveling. **We highly recommend this travel insurance and urge you to give it careful consideration.**

I have been offered Travel Guard protection for my trip and have decided to:

_____ **OPTION #1** - Purchase the insurance offered. A check in the amount of **\$23.00** should be made payable to 1st Choice Educational Tours and paid at the time of deposit payment in order for the waiver of Pre-existing Medical Condition Exclusion to be included.

_____ **OPTION #2** - Purchase the Optional Coverage – “Cancel For Any Reason”. The insurer will reimburse 75% of non-refundable expenses if you cancel your trip for any reason, **up to 48 hours prior** to your departure. This coverage can only be purchased at the time the base plan is purchased. If you are purchasing this coverage the check should be in the amount of **\$36.80**.

_____ **OPTION #3** - Decline to purchase the insurance Option #1 or Option #2 that is being offered. I fully understand that by declining to purchase travel insurance, 1st Choice Educational Tours cannot be held responsible for any expenses incurred by me that would have been covered by this travel insurance.

Please select one of the options above, complete the information below, sign and return to Your School Trip Leader with your 1st Deposit Trip Payment. If you wish to purchase the Travel Guard Student Travel Protection Plan, please submit a check payable to 1st Choice Travel at the same time you make your First Deposit Trip Payment.

A student WILL NOT be registered for his/her trip without submitting a completed and signed Travel Guard Election Form and a Trip Registration Form.

Parent's Name (Please Print)

Signature

Date

Student's Name (Please Print)

Address
Street

City

State

Zip Code

Mailing Address:

P. O. Box 950
Batavia, NY 14021-0950

Location:

3080 West Main Road
Batavia, NY 14020

Phone Numbers:

Phone: (585) 762-6090
Fax: (585) 762-6081