

DALMATIAN PARADISE
September 24 – Oct. 4. 2013

TERMS AND CONDITIONS

RESERVATIONS / PAYMENTS: To make a reservation, please complete coupon below and mail it with a deposit of \$500 per person before March 24, 2013. The balance is due before June 24, 2013. Your check should be made to Amerpol Enterprises, Inc.

TOUR COST: Tour price is based on lowest airfares, tariffs and foreign currency exchange levels in effect at the time of printing. It is subject to adjustment in the event of any significant changes in these tariffs.

TOUR ARRANGEMENTS: Hotel accommodations will be provided in twin bedded rooms with private bath. A limited number of single rooms are available at the supplement. While every effort will be made to provide sharing of accommodations for persons booking alone, when requested, it cannot be guaranteed and payment of single supplement must be paid before departure. Triple rooms are not available. Unused hotel accommodations or any other unused features of this tour are neither refundable nor exchangeable for other services. The right is reserved to substitute hotels and sightseeing features if it becomes necessary.

NOT INCLUDED IN THE TOUR COST: Airfare, cost of passports, optional insurance, visas for non US citizens, items of a personal nature; phone calls, laundry, portorage at airports and hotels, additional meals beverages, gratuities to guides and drivers.

BAGGAGE: The free allowance is 1 carry-on and 1 checked luggage per person. The maximum weight of each checked luggage may not exceed 50 lbs. and combined overall dimensions of a single suitcase must not exceed 62 inches. The charge for second luggage is \$ 75. To \$ 100.- Baggage is carried at owner's risk.

CANCELLATIONS and REFUNDS: All cancellations must be made in writing to Amerpol Enterprises, Inc. Full refund will be made for cancellations received up to 90 days prior to departure less a \$200.00 cancellation fee. After that period, cancellation fees will be assessed to cover expenses of telexes, charges by the hotels and airlines involved. No refund will be made for cancellations received less than 60 days prior to departure. After completion of the tour, claims for refund must be made in writing within 30 days.

INSURANCE: Passengers are strongly advised to purchase insurance to cover trip cancellation/interruption, baggage and accident coverage.

RESPONSIBILITY: Travel Designers of Poland and/ or Amerpol Enterprises, Inc. and/or it's agents act only as an agent in making arrangements for hotels, sightseeing tours, and transportation or any other service in connection with the itineraries of individual tour members who by acceptance thereof, acknowledge that the sponsoring organization and/or its agents and suppliers shall not be liable for injury, damage, loss, accident, delay or irregularity, liability or expense to person or property due to act or default of any hotel, carrier or other company or person providing or rendering of services included in the tours. Further, the sponsoring organization and/or its agents accept no responsibility for any sickness, pilferage, labor disputes, machinery breakdown, government restraints, wars, whether declared wars or not, riots, theft, weather condition, defect in any vehicle of transportation or for any misadventure or casualty or any other causes beyond their control. Travel Designers of Poland and/ or Amerpol Enterprises, Inc. reserves the right to cancel, change, substitute any service and to decline to accept or retain any tour member at any time for any reason including insufficient number of participants. Airlines and other carriers are not responsible for any act, omission or event during the time passengers are not on board their planes or conveyances.

Return with your deposit

Please reserve ____ seats departing on _____ returning on _____ Enclosed is my check payable to Amerpol Enterprises, Inc. as deposit (\$500.- for each passenger). I/We wish to participate in "Dalmatian Paradise" tour and have read the "Terms and Conditions", understand and accept the contents of this brochure, including cancellation policy. I/We have chosen to accept () / decline () this additional cost insurance.

Last Name First Name Address Ph. Number

Signature

Signature

Room Occupancy (circle) Single Double Share Double Room

Please mail your check to: AMERPOL Enterprises, Inc 2908 E. Maple Rd. Troy, MI. 48083 (Thank You)
Printed on September 29, 2012