



COOKING SCHOOL & CULINARY TRAVEL

SEVILLE TOUR CONTRACT 2020

May 7-13th, 2020

TOTAL PRICE: \$5,695.00

\$1,000 deposit due with reservation by December 20th, 2019.

Balance of \$4,695 due by February 1st, 2020.

\$1000 single supplement.

Please print this form, fill it out and mail it to the address below.

Enclosed is my check for the non-refundable deposit of \$1,000.00 per person.

PASSENGER # 1:

Name as it appears on passport: _____

Passport #: _____

Passport Date of Expiration: _____

Address: _____

City/State/Zip: _____

E-mail address: _____

Day telephone: _____

Night telephone: _____

Date of Birth: _____

Emergency contact and phone #: _____

I will share a room with: _____

PASSENGER # 2

Name as it appears on passport: _____

Passport #: _____

Passport Date of Expiration: _____

Address: _____

City/State/Zip: _____

E-mail address: _____

Day telephone: _____

Night telephone: _____

Date of Birth: _____

Emergency contact and phone #: _____

I will share a room with: _____

GENERAL INFORMATION/TERMS AND CONDITIONS

Reservation and Payment Schedule Early reservation is essential as availability is limited. Reservations are confirmed only upon receipt of a SIGNED application and a \$1,000.00 non-refundable, non-transferable deposit. We accept personal checks made out to Savory Spoon Cooking School. Remaining balance of full payment price is due December 20th, and non-refundable. Single room supplement reservation is an additional \$1000 after the stated program price.

We request that you pay by check.

Medical Conditions If you or any member of your party suffers from any physical challenge or medical condition, you must check with your doctor about the advisability of traveling and you must make this known to us before you book. We will make reasonable attempts to accommodate the special needs of our tour participants, but the Savory Spoon Cooking School is not responsible for denial of services by carriers, hotels, restaurants or other independent suppliers. Guests should be able to comfortably walk at least one mile a day on ground that is uneven and cobblestoned. _____ **Traveler(s) to Initial Please.**

Itinerary Modifications Every effort will be made to adhere to the published itinerary. However, Program Director reserves the right to change the itinerary for reasons beyond our control. Program Director also reserves the right to decline to accept any person for any reason, or to remove from the program, any person engaged in illegal or disruptive behavior. Rates are based on a minimum group of eight (8), current tariffs and exchange rates, and are subject to change.

We reserve the right to cancel this tour at any time for any reason. If Program Director and Savory Spoon

Cooking School decide to cancel this program, we will fully reimburse balance paid to date.

Responsibility Program Director is responsible for the services provided. However, in the absence of negligence on their part, Program Director and other associated agents are not responsible for accidents, loss, detention, annoyance, sickness, loss of enjoyment, upset or disappointment, weather, delays and expenses arising from same; strikes, armed conflict, force major, failure of transportation to arrive or depart as scheduled, quarantines, disturbances, restrictions or regulations, discontinuance of advertised schedules, refusals to issue visas, and other causes over which we have no control. All services are subject to the laws of the country in which they are rendered.

Insurance We highly suggest all participants have medical insurance on our tours as well as trip cancellation and Interruption Insurance. If tour were to cancel, participants will be notified 60 days before departure.

Cancellation Policy: Refund considered only if we can fill your place.

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I understand that all payments are non refundable and non transferable. ____ please initial.

PLEASE NOTE: ALL APPLICANTS MUST READ, SIGN AND INITIAL. UNSIGNED RESERVATIONS WILL NOT BE ACCEPTED

As a condition to acceptance of any application, each applicant MUST AGREE TO AND SIGN the statement set forth below: The undersigned has read the schedule of activities for the above indicated tour and recognizes and accepts any risks thereof.

The undersigned also understands and hereby agrees for and on behalf of himself, his dependents, heirs, executors, and administrators, and assigns them to abide by the conditions set forth under Contract Terms and Conditions and to release and hold harmless Janice Thomas, Savory Spoon Cooking School and any of their officers, trustees, agents, licensees, or representatives from any and all liability for delays, injuries, or death, or for the loss of or damage to his or her property however occurring during any portion of, or in relation to, the above indicated tour. Furthermore, the undersigned has carefully read, understood and agrees to the Terms and Conditions.

Signature _____ Date: _____

Signature _____ Date: _____

PLEASE MAIL TO:

Janice Thomas
Savory Spoon Cooking School
P.O. Box 423
Ellison Bay, WI 54210
920 421-0936
savoryspoon@aol.com