



Operator/Participant Contract*

*Pursuant to DOT regulations, this contract is required to be signed and sent with payment at time of bookings, for all charter air program participants.

I (we) have read and agree to the terms and conditions above.

Last Name, First Name

Street, City, State, Zip, Telephone Number

Departure Date: _____ Return Date: _____

Reservation Number: _____

I authorize BeachBound to charge the cost of this trip to my credit card number below. Please state the type of charge card and account number below (MasterCard, Visa, Discover or American Express).
Per Person Deposit Required.

Type of charge card: _____

Account #: _____ Exp. Date: _____

Signature _____

Travel protection is available for purchase to help protect your vacation investment as well as having medical, baggage and delay coverage while traveling. To obtain your state specific insurance policy, please visit <https://www.archinsurancesolutions.com/coverage/GBS/FIE>.

I/We have _____ accepted _____ declined the BeachBound Travel Protection options.

Signature: _____ Date: _____