

# OPERA TOUR REGISTRATION FORM

## ISLANDS and HIGHLANDS of SCOTLAND - 2024

with Iain Scott of OPERA IS - Travel and Learning  
Sunday, 2<sup>nd</sup> JUNE to Monday, 17<sup>th</sup> JUNE 2024

(Please PRINT this form and mail it - with your USD DRAFT and the signed T&Cs - to DIRECT TRAVEL at address below)

**Name 1:** (as it appears in your passport): \_\_\_\_\_

Country of Passport: \_\_\_\_\_ Title First Middle Last  
Passport No: \_\_\_\_\_ Expires : \_\_\_\_\_

Date of Birth: (day/MONTH/year) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

E-mail: \_\_\_\_\_

Special Requests (i.e.: Bed configuration, Suite, etc.) \_\_\_\_\_

Dietary restrictions or allergies: \_\_\_\_\_

**Name 1:** (as it appears in your passport): \_\_\_\_\_

Country of Passport: \_\_\_\_\_ Title First Middle Last  
Passport No: \_\_\_\_\_ Expires : \_\_\_\_\_

Date of Birth: (day/MONTH/year) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

E-mail: \_\_\_\_\_

Special Requests (i.e.: Bed configuration, Suite, etc.) \_\_\_\_\_

Dietary restrictions or allergies: \_\_\_\_\_

**DEPOSIT:** All prices are in U S dollars.

**TOUR DEPOSIT** \$ 5,000 USD per person due on booking

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_ USD

Please use a U S D DRAFT or a U S D CHEQUE - made payable to: DIRECT TRAVEL.

*If you wish to use an electronic U S D BANK TRANSFER, please call for detailed instructions.*

**BALANCE** due by 5<sup>th</sup> December 2023 per person SHARING \$ 6,995 USD

due by 5<sup>th</sup> December 2023 per person SINGLE OCCUPANCY \$ 10,490 USD

**Please check "yes" or "no" for each of the following items:**

Yes No

I have read, signed, and enclosed the TERMS and CONDITIONS document.

I would like to purchase comprehensive medical and trip cancellation insurance through DIRECT TRAVEL \*  
*NB: \*TICO requires that DIRECT TRAVEL must OFFER INSURANCE at the time of booking and that those who DECLINE (i.e. have alternative insurance or are self-insured) must sign a WAIVER to that effect.*

I would like DIRECT TRAVEL to book my AIRFARE.

DIRECT TRAVEL  
1075 Bay Street  
Toronto, ON M5S 2B1  
416 928 3113  
wandrews@dt.com

# TERMS AND CONDITIONS

## IF YOU CANCEL:

Once the tour is a "go", if you cancel your tour, cancellation fees will be charged as follows:

120 – 91 days before departure	on or after 2 <sup>nd</sup> February	2024	\$ 3,500 USD
90 – 61 days before departure	on or after 4 <sup>th</sup> March	2024	50% of price
60 days or less before departure	on or after 3 <sup>rd</sup> April	2024	100% of price

**IF WE CANCEL:** We reserve the right to cancel a tour or to modify the arrangements you have purchased, if in our opinion, this becomes necessary because of eventualities beyond our control, including, for example, government travel advisories, extreme weather conditions, mechanical problems, or opera cast changes. In the event of a full cancellation, our liability will be limited to the purchase price of the tour, and we shall not be liable for any claims, losses and damages of any kind whatsoever, by reason of our modification to or cancellation of the travel arrangements. We do not assume responsibility for any claims resulting from substitution of services from suppliers.

## INSURANCES

**TRAVEL INSURANCES** are not mandatory, but are strongly recommended.

If you choose to travel without Trip Cancellation/Interruption insurance, you will assume in totality any expenses related to cancelling your trip prior to departure for any reason (including medical), and unforeseen events on tour.

**DIRECT TRAVEL** and its insurance partner, **ALLIANZ GLOBAL ASSISTANCE**, will offer you a wide range of travel insurance plans, including but not limited to: ultimate, all-inclusive, emergency medical, trip cancellation/trip interruption coverages. If you decline, you must sign a waiver. Please call DT to discuss your individual insurance needs within 7 days of booking your tour.

**EMERGENCY MEDICAL INSURANCE** does not cover Trip Cancellation/Interruption coverage. Do not assume credit card plans will provide Comprehensive insurance coverages.

**LIABILITY INSURANCE** is the responsibility of the individual.

Please refer to your Insurance Policy booklet for full details of insurance plans and coverages.

## TRAVEL DOCUMENTATION

It is the personal responsibility of travellers to ensure that he/she/they are in possession of all required travel documents, including valid passports, visas, COVID attestations, etc.. No refund will be offered in the case of incomplete travel documents. It is important to note that entry to another country may be refused even if the required information and travel documents are complete.

It is your responsibility to provide your correct legal name as it appears in your passport at the time of registration. **DIRECT TRAVEL** is not responsible for errors on your travel documents based on the information you provide.

Airlines will deny boarding if your name is not exactly as it appears in your passport.

Any costs associated with a name change, including but not limited to airline surcharges and penalties are your responsibility.

## RESPONSIBILITY & JURISDICTION

**DIRECT TRAVEL** and their agent Iain Scott act only as an agent for passengers for all services supplied to passengers by others, including but not limited to: transportation, hotel, restaurants, guides, attractions. As such, DT will exercise reasonable care in making the arrangements for, and the conduct of the tour.

### Participant 1

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Participant 2

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECT TRAVEL**  
416 928 3113

1075 Bay Street Toronto ON Canada M5S 2B1  
[wandrews@dt.com](mailto:wandrews@dt.com)



TICO Registration # 50023509

TERMS AND CONDITIONS

**TRAVEL INSURANCE WAIVER**

I acknowledge that I have been offered the opportunity to purchase comprehensive travel insurance from DIRECT TRAVEL and I have declined.

I have my own travel insurance through

.....

Or ...

I prefer to self-insure

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date .. \_\_\_\_\_



TERMS AND CONDITIONS

**EMERGENCY CONTACT (s)**

In the event of an emergency, please contact:

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Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Or

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Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

