

AS YOU LIKE IT (SAFARIS) LIMITED

**Kenyan Photographic Wildlife Safari, with tour leader Vivien Prince
For
Author Susie Kelly & friends, and Members & friends of the 95th Bomb Group**

REGISTRATION FORM (Please Print)

NAME exactly as shown on your passport: _____ **BIRTH DATE:** _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE NO: _____ **Email ADDRESS:** _____

Passport Number: _____ Exp Date: _____ Issuing Agency: _____
(Or send copy of the page of your passport with this information - Preferred)

For flight arrangements (optional):

SEAT PREFERENCE: Aisle _____ Window _____ Next to _____

NOTE: If airplane does not have a two-seat (AB) configuration, and you and your companion have chosen an aisle and window, respectively, be aware that you may have a stranger between you and your traveling companion.

PRICE:

\$6,636* per person sharing

Single Supplement: \$900

*Based on 20 passengers and 5 per vehicle. Price for fewer passengers will increase accordingly. \$6896 (20 pax, 4 per vehicle); \$7000 (16 pax, 4 per vehicle); \$7470 (12 pax, 4 per vehicle). Student discount available.

SINGLES please choose one from below:

_____ Please match me up with a roommate (**NOTE:** We will do our best; however, if a roommate cannot be found, you will be responsible for the single supplement amount associated with the Safari you have chosen.)

_____ I wish to have a room of my own and am willing to pay the \$900 Single Supplement

STUDENTS

_____ I am a **STUDENT**, and a copy of my ID is enclosed. **NOTE:** Student ID is required to qualify

INSURANCE

\$_____ is enclosed for my insurance premium, based on the price of the Safari I have chosen, and my age bracket (see insurance chart). Check for the insurance premium is to be made out to Drifter Sister. May also be purchased using your credit card (see form).

DEPOSIT Schedule

(\$1,000 due upon sign up)

I have enclosed \$1,000 (non-refundable), plus the appropriate insurance premium, and understand that a second payment of half the balance of the safari is due January 26, 2015, and the balance must be paid 60 days prior to departure. A separate invoice will be sent to you for these payments.

**Please make checks out to: Vivien Prince and mail to:
5855 N. Kolb Rd, #8207, Tucson, AZ 85750**

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Insurance Information and Registration Form

BASIC PLAN

Coverage*:

Medical Expense: \$10,000

Emergency Evacuation/Repatriation
of Remains: \$100,000

Age:	Premium based on Trip Cost and Age						
	0-34	35-59	60-69	70-74	75-79	80-84	85+
<u>Trip Cost</u>							
\$5,500-\$6,000	\$163	\$247	\$314	\$382	\$504	\$ 667	\$ 834
\$6,001-\$6,500	\$175	\$268	\$340	\$414	\$545	\$ 724	\$ 903
\$6,501-\$7,000	\$197	\$304	\$387	\$471	\$619	\$ 826	\$1,027
\$7,001-\$8,000	\$214	\$333	\$424	\$516	\$677	\$ 905	\$1,124
\$8,001-\$9,000	\$233	\$362	\$460	\$560	\$734	\$ 981	\$1,217
\$9,000-\$10,000	\$252	\$391	\$497	\$605	\$791	\$1,057	\$1,311

GOLD PLAN

Coverage*:

Medical Expense: \$25,000

Emergency Evacuation/Repatriation
of Remains: \$500,000

Age:	Premium based on Trip Cost and Age						
	0-34	35-59	60-69	70-74	75-79	80-84	85+
<u>Trip Cost</u>							
\$5,500-\$6,000	\$215	\$332	\$450	\$579	\$714	\$954	\$1,292
\$6,001-\$6,500	\$258	\$401	\$543	\$697	\$862	\$1,145	\$1,559
\$6,501-\$7,000	\$289	\$446	\$602	\$766	\$943	\$1,251	\$1,690
\$7,001-\$8,000	\$306	\$472	\$638	\$811	\$997	\$1,322	\$1,785
\$8,001-\$9,000	\$335	\$518	\$700	\$889	\$1,094	\$1,448	\$1,958
\$9,000-\$10,000	\$356	\$552	\$746	\$946	\$1,164	\$1,539	\$2,082

In addition to the premium, there is a service fee of \$7 per policy

ENROLLMENT FORM: (Please Print)

I (We) choose: _____ Basic Plan _____ Silver Plan _____ Gold Plan

_____ I am choosing the Single Supplement, and understand that my premium will be 10-20% higher than above schedule.

Insured #1

Full Name with middle initial: _____

Date of Birth: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Insured #2 (two people can be on same policy if living at same address)

Full Name with middle initial: _____

Date of Birth: _____

Payment may be made with **check made out to Drifter Sister**, or you may provide your credit card info below.

☐ American Express ☐ Master Card ☐ Visa ☐ Discover

Card Number: _____ Exp Date: _____ CCV: _____

Name of Card Holder: _____

Signature: _____

SILVER PLAN

Coverage*:

Medical Expense: \$15,000

Emergency Evacuation/Repatriation
of Remains: \$150,000

Age:	Premium based on Trip Cost and Age						
	0-34	35-59	60-69	70-74	75-79	80-84	85+
<u>Trip Cost</u>							
\$5,500-\$6,000	\$195	\$296	\$407	\$497	\$ 622	\$ 820	\$1,081
\$6,001-\$6,500	\$224	\$340	\$468	\$572	\$ 716	\$ 943	\$1,239
\$6,501-\$7,000	\$232	\$353	\$484	\$592	\$ 741	\$ 976	\$1,286
\$7,001-\$8,000	\$302	\$457	\$634	\$772	\$ 971	\$1,275	\$1,661
\$8,001-\$9,000	\$322	\$488	\$674	\$822	\$1,033	\$1,357	\$1,774
\$9,000-\$10,000	\$341	\$518	\$714	\$871	\$1,094	\$1,439	\$1,887

*In addition to the Medical Coverage, all plans include 100% Trip Cancellation and 100% Trip Interruption, plus Trip Delay, Baggage & Personal Effects Loss, and Baggage Delay. Also included are 24-hour Travel Assistance and Concierge Services that will be explained in the Coverage Statement you will receive after sign-up. Children/Grandchildren, under the age of 17, free on Silver & Gold Plans.

Coverage does not include cost of airfare; however it can be added later once the airfare figure is known.

EXACT QUOTE WILL BE PROVIDED
PRIOR TO PURCHASE.

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PAYMENT AND CANCELLATION PROCEDURES

1. Safari confirmation

Receipt of a non-refundable deposit of **US\$1000** per person **confirms** your dates.

Please note: The balance must be paid 60 days before the safari begins.

2. Cancellations

Notice of cancellation:

- a) If such notice is received **30 – 60 days** prior, **50%** of full **safari cost** is **forfeited**.
- b) If such notice is received **less than 30 days** before, the full cost of the safari is forfeited.

3. Insurance

Travel insurance is mandatory. With the uncertainties of today's world, you want to be covered for any and every eventuality, no matter what the cause. There are numerous good, inexpensive policies available. You may get your own, or we recommend setting up your Travel Insurance with Ihla Crowley of Drifter Sister LLC. ihla@driftersister.com

- 4. **Rates.** Our prices include only what is mentioned in each itinerary. These rates are based on tariffs and other costs prevailing at the time of printing and are subject to change without prior notice.
- 5. **Alteration of tours.** The company reserves the right to alter the route or cancel the operation of any scheduled tour should conditions so necessitate. We reserve the right to decline to accept or retain any client as a member of any tour at any given time should conditions so necessitate.
- 6. **Liability.** The company and its agents act only as agents of the passengers in all matters relating to hotels/lodges and tented camps accommodation, tour and transport, and shall not be liable for injury, delay, loss or damage in any manner.
- 7. **Flight Arrangements.** Please note that whether AYLIS assists with your flight arrangements, or if you make your own arrangements, AYLIS is not responsible for a refund of any airfare.

As You Like It (Safaris) Ltd..
3279 Seven Springs Dr., Sandy, UT 84092
+1-702-343-3776

Please sign below, indicating that you have read and agree to the above.

Print your name

Signature

Date

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EMERGENCY CONTACT & MEDICAL INFORMATION

(Please Print)

Your Name: _____

Name of Contact: _____

Relationship: _____ Phone Number: _____

Email of Contact: _____

Please describe any medical conditions that we should be aware of:

[illegible]

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**PARENTAL APPROVAL
For minors traveling alone, or with one parent**

I(We), _____, and _____
(print name of first parent) (print name of second parent)

hereby give my(our) approval for _____
(print child's name)

to travel with Vivien Prince on this **Kenya Wildlife Photographic Safari – 2015.**

If child is traveling alone, I(WE) also hereby assign to Vivien Prince full rights regarding medical circumstances that may arise, and/or decisions affecting my(our) child, named above, while traveling under his supervision.

(Must be signed in presence of Notary)

Signed and notarized on this _____ day of _____, 20____.

Signature of first parent

Signature of second parent

NOTARY STAMP AND SIGNATURE

Signature of Notary