For over 40 years, we have made taking a vacation to Walt Disney World convenient and simple with exclusive non-stop flights from local airports to Orlando, FL. Boscov’s Travel is an Authorized Disney Vacation Planner with a wealth of Disney knowledge to customize your package any way you like.

INCLUDED in all Boscov’s Travel Disney Vacation Packages:
- AIR non-stop Southwest Airlines® charter flight between your choice of local airport and Orlando, FL
- GIFT One complimentary Boscov’s Travel cinch-sac per person

CUSTOMIZE your Boscov’s Travel Disney Vacation Package with the following:
- HOTEL Accommodations at a Walt Disney World® Resort of your choice
- DINING PLAN of your choice
- TICKET LENGTH AND OPTIONS of your choice

Prices starting from:
- $1815* per adult
- $1288* per junior (ages 10-17)
- $1044* per child (ages 3-9)

As to Disney artwork/properties: ©Disney. *Packages quoted include charter flight, 6-nights accommodations based on double occupancy at a value Walt Disney World Resort including taxes, Disney Magical Express, 7-day Park Hopper Pass, Disney Quick Service Dining Plan. Package price based on stay at Disney’s Pop Century Resort (standard room) for travel on 05/05/19 departure from Reading and 05/19/19 departure from Wilkes-Barre/Scranton. Adult rates are based on double occupancy, subject to availability at time of booking and subject to change. “Junior” (age 10-17) and “Child” (age 3-9) rates are valid when sharing a room with two full-paying adults. Child air fare is limited to two children age 2–17 per room. Other dates, hotels and package combinations are available. Prices vary per date. See your Boscov’s Travel Specialist for complete dates, pricing and details. 09/12/18

Contact your local Boscov’s Travel or call 800-755-8020, boscovstravel.com
RESERVATIONS AND PAYMENTS: A NON-REFUNDABLE DEPOSIT of $400 PER PERSON, based on selected departure date, plus any additional deposit required for custom packages and a signed contract is required to secure reservations. Air only reservations would require full payment for the air at time of booking. Full payment is due 75 days prior to departure. Balance payments not paid in full by due date will be subject to a late fee of $50.00 per booking. Failure to pay balance in full at 60 days prior to departure will result in full cancellation of your reservation without refund. Should your reservation need to be reinstated after cancellation, space would be subject to availability and an additional $25 service fee will be charged. Name changes within a reservation are subject to a $25 fee per name change. Payment in full must accompany any application received less than 75 days prior to departure. Payments received from 30 days prior to departure day must be by certified check, money order, cash or Boscov's charge only. Changes after confirmation will be subject to $25.00 fee per change.

NOTE: Any child turning two years old during their travel period must occupy an air seat according to FAA regulations. Failure to purchase a seat for your child will result in denied boarding. A birth certificate will be required for any child under the age of two years as proof of age. Failure to provide a birth certificate may result in denied boarding. There are no refunds for denied boarding.

CANCELLATION AND REFUND: If you cancel your reservation, your right to receive a refund is limited as set forth in the following schedule. Your initial deposit of $400 per person is non-refundable. Air only reservations are full penalty and non-refundable. Booking a custom package in conjunction with charter air may have additional cancellation penalties. In addition, there is no refund for any cancellation received 74 days or less prior to departure. Name changes within a reservation are subject to a $25 fee per name change.

OPTIONAL TRAVEL PROTECTION PLAN: Trip cancellation, health and accident Optional Travel Protection Plans are available. We strongly recommend purchasing coverage at the time of deposit. This important protection can save you money if you are forced to cancel or alter your trip. This policy provides benefits up to the policy limit, for non-refundable arrangements if you must cancel or interrupt your trip for covered reasons. If you are interested in receiving more information about this coverage, please contact your Boscov's Travel Specialist for details.

TAXES AND FUEL SURCHARGES: Package tour rates and air tour rates do not include fuel surcharges or increases in government imposed taxes, which may be increased/changed at any time. All increases would be the responsibility of the tour participant and must be paid in full prior to departure. Reservations paid in full at time of increase/change would not be exempted. Failure to pay these charges would result in denied boarding/travel.

AIRCRAFT AND AIRLINES: This flight will be performed using Southwest Airlines B-737 aircraft or similar. The air carrier reserves the right to substitute equivalent aircraft if necessary.

MAJOR CHANGES: If we make major changes prior to departure, you have the right to cancel and receive a full refund. The following are major changes: (1) a change in the departure or return date, unless the change results from a flight delay experienced by the air carrier. However, if the delay is longer than 4 hours, it will be considered a major change; (2) a change in the origin or destination city; (3) a substitute of any hotel not listed in this contract; and (4) a price increase of more than 10 percent occurring 10 or more days before departure. If less than 10 days before scheduled departure, we become aware that a major change must be made, we will notify you as soon as possible. Within 7 days after receipt of notification of a major change, but in no event later than departure, you may cancel your reservations and you will receive a full refund within 14 days after canceling.

BAGGAGE: The air carrier allows each passenger to bring on the flight one checked bag per person, not to exceed 50 lbs., plus one carry-on bag and one personal item. Carrier's liability is limited to $3,400.00 total per passenger.

CONTRACT RESERVATION MUST BE SIGNED AND SENT WITH DEPOSIT

I/we have read and agree to the terms and conditions of the Operator-Participant Contract.

Please print your name exactly as it appears on your required government issued ID, including middle name/initials and any suffix.

First Name ___________________________ Middle Name/Initials ___________________________
Last Name ___________________________ M / F (circle one)

Address _______________________________________________________________________________________________

Phone ( ) ___________ Cell *MANDATORY ( ) ___________

Email Address ____________________________________ Birth Date ____________ Booking Number ___________________________

Desired Departure Date ____________ Departure City ____________ Desired Hotel ___________________________

Additional Passenger Name(s) and Birth Date(s) Please print your name exactly as it appears on your required government issued ID, including middle name/initials and any suffix.

Name ___________________________ Phone ( ) ___________ Birth Date ____________ M / F (circle one)
Name ___________________________ Birth Date ____________ M / F (circle one)
Name ___________________________ Birth Date ____________ M / F (circle one)
Name ___________________________ Birth Date ____________ M / F (circle one)

Emergency Contact Name ____________________________________ Emergency Contact Phone Number ( ) _________________

My/our check/money order in the amount of $________________ is made payable to TRAVELCENTER.

OPTIONAL TRAVEL PROTECTION PLAN WAIVER

I/we have been offered an Optional Travel Protection Plan and understand coverage is subject to limitations and exclusions. I/we understand that such coverage is also subject to my obligation to provide all information and documents required by the Optional Travel Protection Plan company. It is my responsibility to ensure that the coverage purchased meets my travel needs and I/we are medically able to travel at the time of the Optional Travel Protection Plan purchase.

(circle initials) I wish to purchase an Optional Travel Protection Plan

(circle initials) I DO NOT wish to purchase an Optional Travel Protection Plan

Client Signature ___________________________ Date ____________
Client Signature ___________________________ Date ____________
Agent Signature ___________________________ Date ____________