MOBULAS & ORCAS 2024

Deposit Contract

May 25-June 1, 2024

1. A $**1500** per person non-refundable/non-transferable deposit is required to reserve your spot on the trip.
2. Trip contract must be signed and returned within 5 days of deposit to maintain your reservation.
3. Trip payments will be due on the following dates:
   - **May 1, 2023: $1500**
   - **September 1, 2023: $1500**
   - **February 1, 2024: BALANCE DUE**
4. These payments will be charged to the credit card used to reserve the trip unless otherwise specified. ➡ Preferred credit card _____ **(last 4 digits)**

I have reviewed the payment due dates and agree that my credit card will be charged on the dates listed. _____ (initial)

Pay in full by cash/check/EFT and receive $100.00 DISCOUNT!
I am opting to pay in full (no payments will be charged) Cash/Check/EFT ☐

5. **Club members receive an additional $50.00 discount**! Your club membership must be current up until departure date to receive discount.
6. Any cancellation less than 120 days out will result in a 100% penalty-no refund.
7. Any cancellation more than 121 days out will result in a 50% penalty.
8. If you cancel, we will do our best to find someone to fill your spot, but if we have any unfilled spots on the trip, we will fill those spots before finding your replacement.
9. If you find someone to take your place a $300 administration fee will be applied and you are responsible to cover all costs.
10. Each diver/snorkeler must have current dive/snorkeling insurance (DiveAssure or DAN). We highly recommend travel insurance.
11. We will do our best to match you with a roommate. If not, a single supplement charge will apply.
12. Each diver must have a safe second, whistle & safety sausage. You will be required to dive/snorkel with a Nautilus Lifeline. One will be provided if you do not own your own.
13. Fuel surcharges are now in constant fluctuation and will be applied on top of the total package price if there are changes.
14. Prices and dates are subject to change.

Cabin Selection: Premium Suite ☐ Superior Suite ☐

Name:_____

Address:_____

City: _____State _____Zip Code _____Phone: _____

Email Address: _____

Emergency Contact Name:_____Phone:_____

I have read and agree to the above guidelines:

Signature: _____ Date: _____