

For Reservations Contact: Sharon Musselman (512) 688-1079 email: travel@sctexas.org
Sun City Texas Community Association, 2 Texas Dr. Bldg. A, Georgetown, TX 78633

Reservations and are made on a first come, first served basis and are based upon availability.
Prices and Availability can change until full deposit is made.

Clearly print your full name (first/middle/last) as it appears on your Passport.

IMPORTANT: In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to the ID being used to travel <passport/driver's license> including middle names or suffixes <Jr, Sr>.

First: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: () Male () Female Date of Birth: month _____ day _____ year _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: () _____ Cell: () _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____ Date of Issuance: (month/day/year) _____

Air Gateway: _____ Air Seat Request: () Aisle () Window () Next to Traveling Companion Citizenship: _____

Should you become ill or injured, whom should we contact (not traveling with you): _____ Phone: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: () Male () Female Date of Birth: month _____ day _____ year _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: () _____ Cell: () _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____ Date of Issuance: (month/day/year) _____

Air Gateway: _____ Air Seat Request: () Aisle () Window () Next to Traveling Companion Citizenship: _____

Should you become ill or injured, whom should we contact (not traveling with you): _____ Phone: _____

CABIN PREFERENCE: INSIDE ___ OCEANVIEW ___ BALCONY ___ MINI SUITE ___ SUITE ___ | AFT ___ MID ___ FWD ___

TRAVEL PROTECTION: () Yes, I wish to purchase travel protection () No, I decline

If you choose not to purchase travel protection, you will incur penalties for changes or cancellation. Protect yourself and your investment by purchasing a travel insurance plan.

Insurance Amount: \$ _____ Deposit Amount: \$ _____ Total amount: \$ _____

Cardholder Name (if paying by Credit Card): _____

Cardholder Billing Address: Check if address is the same as above _____

Cardholder Phone: _____ Amount: \$ _____

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiration Date: _ _ _ _ _ CVV #: _ _ _

M M Y Y

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

_____ Date: _____

I authorize my Travel Agent and Heavenly Holiday Travel, LLC to charge the above listed travel services for the above listed person (s) to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. Neither Sun City Community Association, (herein, called SCCA) nor Heavenly Holiday Travel, LLC (herein, called HHT) its agents or representatives will be responsible for any injury, loss or damage that may occur to the Traveler or Traveler's property from any cause whatsoever. Under no circumstances will SCCA or HHT be liable for items or other incidental or consequential damages. SCCA or HHT shall not be liable for failure to perform its obligations under this contract as a result of strikes, riots, acts of God, or any other cause beyond its control. There is no other agreement or warranty between the Traveler and SCCA or HHT except as set forth in this document. The rights of SCCA or HHT under this contract shall not be deemed waived except as specifically stated in writing and signed by an authorized officer of SCCA.

Complete and return this form to SC Lifestyle/Activities office located at 2 Texas Drive, Building A.