



Blue Sky tours
HAWAII™
**ACCEPTANCE
FORM**

First Name _____ Last Name _____

Booking Number _____ Departure Date _____

I have reviewed the Travel Protection Plus options available at <https://blu.www.vaxvacationaccess.com/travel-info/vacinfo/protectio/> and understand that Travel Protection Plus can only be added within 7 days of guarantee of my initial booking. For bookings 14 days from departure Travel Protection Plus must be added at time of booking.

Travel Protection Plus: (Must select one)

- I accept Travel Protection Plus. Full plan details are available at: <http://www.tripmate.com/wpN604>
- I decline Travel Protection Plus and understand that if I cancel or change for any reason including medical, I will be subject to full penalties and any refund for air-inclusive packages will be in the form of a future travel credit. In addition, I understand that I will have no coverage for trip interruption, travel delay, medical expenses, baggage and more.

Acceptance of Terms & Conditions:

- I understand the Hazardous Materials Restrictions and have read and agree to the Blue Sky Tours [Terms and Conditions](#).