



AMBASSADOR LEADERS

TRAVEL PROTECTION PLAN WITH CANCEL FOR ANY REASON BENEFIT OPT-IN FORM

Student name _____

Parent name _____

Program location _____ Program dates ____/____/____ to ____/____/____

Yes, please enroll me in the Travel Protection Plan with Cancel for Any Reason Benefit for **\$199**

I understand that I may add this coverage option for 2017 Programs up until **April 15, 2017.*

PAYMENT METHOD _____

Add the Travel Protection Plan with Cancel for Any Reason Benefit for **\$199** to my account

**If currently paid in full, we will charge preauthorized credit card/debit card on file upon receipt of this form.*

AUTHORIZATION _____

I represent that all statements made herein are true and correct. I have read and agree to the Terms and Conditions pertaining to the Travel Protection Plan as outlined in the Terms and Conditions of Participation at www.ambassadorleaders.com/terms.

For information about this Travel Protection Plan, please see www.ambassadorleaders.com/travel-protection.

Parent/guardian signature _____ Date ____/____/____