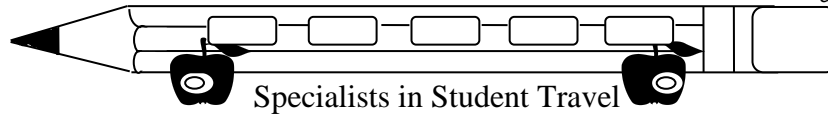


# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



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**TRAVEL GUARD ELECTION FORM FOR TRAVELING STUDENT  
MEDINA 8<sup>th</sup> GRADE  
WASHINGTON, DC  
JUNE 5 – 7, 2024**

**MUST BE COMPLETED AND RETURNED**

First Choice Educational Tours is pleased to offer travel insurance protection from Travel Guard International. Please refer to the provided coverage overview.

Unforeseen circumstances can arise and often do. Emergencies can occur before departure or while you are traveling. We highly recommend this travel insurance and urge you to give it careful consideration.

I have been offered Travel Guard protection for my trip and have chosen:

- \_\_\_\_\_ **OPTION #1** - Purchase the insurance offered. A check in the amount of **\$25.41** should be made payable to 1<sup>st</sup> Choice Educational Tours and paid at the time of deposit payment in order for the waiver of Pre-existing Medical Condition Exclusion to be included.
- \_\_\_\_\_ **OPTION #2** - Purchase the Optional Coverage – Cancel for any reason. The insurer will reimburse 50% of non-refundable expenses if you cancel your trip for any reason, **up to 48 hours prior** to your departure. This coverage can only be purchased at the time of deposit payment. If you are purchasing this coverage the check should be in the amount of **\$33.55**. You do not have to pay for option #1 if you select this option.
- \_\_\_\_\_ **OPTION #3** - Decline to purchase the insurance option #1 or option #2 that is being offered. I fully understand that by declining to purchase travel insurance, 1<sup>st</sup> Choice Educational Tours cannot be held responsible for any expenses incurred by me that would have been covered by this travel insurance.

**Please select one of the options above, complete the information below, sign and return to Medina Junior-Senior High School. No student will be registered for a trip without the completed and signed Travel Guard election form and registration form. If you wish to purchase the insurance, please send the check for the insurance to the school with your check for the deposit.**

\_\_\_\_\_  
Parent's Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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**Mailing Address**

P. O. Box 950  
Batavia, NY 14021-0950

**Phone Number**

585-343-1313