

## Travel Protection Insurance

- **PLEASE READ** -

**OPTIONAL** Travel Protection is available to all attendees of the Christmas in the Smokies Red Hat Weekend, **November 7-10, 2019 (includes pre-night)**. The Travel insurance plan is designed to protect you from loss due to sickness, injury, & emergencies that would prevent your attendance to the weekend event. No matter how well you plan, travel holds the potential for unwanted surprises. The cost is so affordable--**\$34.00** for coverage up to **\$600.00** and **\$52.00** for coverage up to **\$1,000** (coverage will include air fare). Sign up within 14 days of deposit and/or payment to be eligible for pre-existing condition waiver. **FYI: As with ANY claim, documentation of illness, injury, or emergency is required as well as "proof of payments". Keeping copies of your cancelled checks for "proof of payments" are recommended.**

A Certificate of Insurance (coverage information) will be provided to participants upon purchase of the plan. **Travel Insurance checks are payable to All STARR Travel, PO Box 1534, Seymour, TN 37865**. You can mail your deposit check for Christmas in the Smokies and the insurance check in the **SAME** envelope. **PLEASE DO NOT MAKE CHECKS PAYABLE TO THE SASSY SWEETHEARTS.**

For those who wish to "OPT" out of the Travel Protection, **PLEASE SIGN & RETURN the WAIVER** (listed below) along with your **CIS Registration Form**. **Do not separate or tear sheet**. Travel Protection is **non-refundable**.

### Travel Insured Insurance Plan

**PLEASE DO NOT CUT OR TEAR FORM APART - KEEP IN-TACT.**

**YES** \_\_\_\_ Enroll me in the Travel Protection for Coverage up to **\$600.00** at a cost of **\$34.00**.

**YES** \_\_\_\_ Enroll me in the Travel Protection for Coverage up to **\$1,000.00** at a cost of **\$52.00**.

NAME \_\_\_\_\_ Email: \_\_\_\_\_  
(Please Print)

CLUB \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

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### INSURANCE WAIVER

**NO** \_\_\_\_ **DO NOT** enroll me in the Trip Protection Plan.

NAME \_\_\_\_\_ Email: \_\_\_\_\_  
(Please Print)

CLUB \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_