

| Firs | t Name | Last Name |
|-----------------------------------|---|--|
| Вос | oking Number | Departure Date |
| and | · · | os://www.southwestvacations.com/general/travel-protection-detain 7 days of guarantee of my initial booking. For bookings 14 days fro |
| Tr | avel Protection Plus: (Must select one) | |
| | I accept Travel Protection Plus. Full plan details are available at: http://www.tripmate.com/wpN430S | |
| | 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 re | ead and agree to the Southwest Vacations Terms and Conditions . |
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