



# 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 **\$227**

*\*I understand that I may add this coverage option for 2019 Programs up until **April 15, 2019**.*

### PAYMENT METHOD \_\_\_\_\_

☐ Add the Travel Protection Plan with Cancel for Any Reason Benefit for **\$227** to my account

*\*I understand that I will be charged the full cost of the coverage at the time I add it to my account. If a credit card is not on file, I will be asked to provide payment information.*

### 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](http://www.ambassadorleaders.com/terms)**.

For information about this Travel Protection Plan, please see **[www.ambassadorleaders.com/travel-protection](http://www.ambassadorleaders.com/travel-protection)**.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_