



TRAVEL
INVESTMENT
ADVISORS

MGA Travel - Cruise/Trip Cancellation Authorization Form

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This document serves as a written request to cancel your upcoming vacation.

Please provide the following information.

Full Name: _____ Your Agents Name: _____

Tour Provider/Cruise Company Name: _____ Reservation Number: _____

If you had a choice for a type of reimbursement, what did you select and what did you decline?

Reason(s) for Cancelling, (Pick One):

Other Reason: _____

I understand that vendor penalties, terms and conditions may apply. I understand that if I voluntarily cancel a trip/sailing, and the vendor later suspends that same trip/sailing, any compensation offers at that time will not apply to me retroactively. I understand that if I had a choice to accept either a future travel credit or a refund, that this choice is final and cannot be changed later. *

I understand

Please advise if you have travel insurance.

If Yes, will you be filing a claim?

Yes

Yes

No

No

N/A

This agreement also includes acknowledgement of receipt and acceptance OF OUR TERMS AND CONDITIONS AS SHOWN IN THE INVOICE DISCLAIMER, AND ASSOCIATED DOCUMENTS INCLUDING OUR Travel Advisory, Terms & Conditions, Consumer Disclosure, and Privacy Policy.

Signature:

08/25/20