



CHARTER RESERVATION POLICY

PAYMENTS

Deposit. A 50% down deposit of payment is required to confirm the reservation and to hold the date(s). Deposits are due once reservation has been confirmed. Deposit shall be in form of credit card; authorization form is included with the Reservation Form.

Timing of Payments. Total remaining balance will be charged 24-48 hours before the scheduled date and time of the charter.

Charge-backs. Angler/guest agrees to refrain from initiating any charge-backs through his/her credit card company or its affiliates to dispute any credit card charges that are submitted by HFC in compliance with the terms of this agreement. In the event an angler/guest initiates a charge-back process in connection with a credit card charge submitted by HFC in compliance with the terms of this agreement, angler/guest agrees to immediately withdraw such charge-back within two business days after receiving a written notice from HFC.

CANCELLATION POLICY

Weather Policy. (1) In the event of a charter being canceled due to inclement weather conditions, every effort will be made to re-schedule the charter to accommodate both parties. If re-scheduling is not an option, a full refund will be given. (2) In the event the Captain decides while leaving the dock that it is not safe to fish, anglers/guests will return to the dock and receive a full credit or refund. (3) In the event the charter has already departed, anglers/guests are fishing and Captain has to terminate the trip due to deteriorating weather conditions, anglers/guests will be responsible for 25% of the total charter value for each hour the charter was at sea.

Angler/Guest Cancellation Policy. (1) In the event an angler/guest has to cancel their trip, a full refund will be given on all cancellations made 30 days prior to the scheduled date and time of the charter. Any angler/guest cancellations made two weeks or less before the scheduled date and time of the charter will lose their deposit. All cancellations must be in writing. (2) In the event where an angler/guest become ill due to seasickness, and the Captain returns to the dock, no refunds or credits are available to the ill angler. If your trip was affected by another angler, and the Captain is willing, you can take the charter back out.



CREDIT CARD AUTHORIZATION FORM

Name on Card: _____ Card Type: _____

Account Type: _____ Business Name: _____

CC Number: _____ Exp. Date: _____ Auth. Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Deposit

Amount to Charge: _____ Date of Charge: _____

Balance

Amount to Charge: _____ Date of Charge: _____

AUTHORIZATION OF CARD USE:

Cardholders Name (Printed)

Cardholders Signature & Date

Note: 1. 50% deposit will be charged once reservation has been confirmed. Remaining balance and GST will be charged 24-48 hours before the scheduled date and time of charter. 2. Credit card transactions will be in BZ dollars (\$2 BZ = \$1 US) 3. By signing this form, you're giving Hardcore Fishing Charters permission to run your card in the amount(s) noted on this form. Questions contact Megan (816) 804.5045 or mconsidine@hfc-belize.com

Reservation	Arrival	Departure

Guest Information

Guest 1:

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip Code _____

Date of Birth: _____ Occupation: _____

Passport Country _____ Passport Number _____ Expiration Date _____

Food Allergies: _____

Dietary Needs: _____

Medical Issues / Needs: _____

Emergency Contact:

Contact Name: _____ Relation: _____

Phone Number(s): _____ Address: _____

Flight Arrangements

Please send a copy of your flight itinerary as soon as it becomes available to you. mconsidine@hfc-belize.com

Incoming

Airline _____ Flight Number _____ Arrival Time _____

Maya Air Flight Number: _____ Departure: _____ Arrival: _____

Outgoing

Maya Air Flight Number: _____ Departure: _____ Arrival: _____

Airline _____ Flight Number _____ Arrival Time _____

Reservation	Arrival	Departure

Guest 2:

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip Code _____

Date of Birth: _____ Occupation: _____

Passport Country _____ Passport Number _____ Expiration Date _____

Food Allergies: _____

Dietary Needs: _____

Medical Issues / Needs: _____

Emergency Contact:

Contact Name: _____ Relation: _____

Phone Number(s): _____ Address: _____

Flight Arrangements

Please send a copy of your flight itinerary as soon as it becomes available to you. mconsidine@hfc-belize.com

Incoming

Airline _____ Flight Number _____ Arrival Time _____

Maya Air Flight Number: _____ Departure: _____ Arrival: _____

Outgoing

Maya Air Flight Number: _____ Departure: _____ Arrival: _____

Airline _____ Flight Number _____ Arrival Time _____

Reservation	Arrival	Departure

Guest 3:

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip Code _____

Date of Birth: _____ Occupation: _____

Passport Country _____ Passport Number _____ Expiration Date _____

Food Allergies: _____

Dietary Needs: _____

Medical Issues / Needs: _____

Emergency Contact:

Contact Name: _____ Relation: _____

Phone Number(s): _____ Address: _____

Flight Arrangements

Please send a copy of your flight itinerary as soon as it becomes available to you. mconsidine@hfc-belize.com

Incoming

Airline _____ Flight Number _____ Arrival Time _____

Maya Air Flight Number: _____ Departure: _____ Arrival: _____

Outgoing

Maya Air Flight Number: _____ Departure: _____ Arrival: _____

Airline _____ Flight Number _____ Arrival Time _____

Reservation	Arrival	Departure

Guest 4:

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip Code _____

Date of Birth: _____ Occupation: _____

Passport Country _____ Passport Number _____ Expiration Date _____

Food Allergies: _____

Dietary Needs: _____

Medical Issues / Needs: _____

Emergency Contact:

Contact Name: _____ Relation: _____

Phone Number(s): _____ Address: _____

Flight Arrangements

Please send a copy of your flight itinerary as soon as it becomes available to you. mconsidine@hfc-belize.com

Incoming

Airline _____ Flight Number _____ Arrival Time _____

Maya Air Flight Number: _____ Departure: _____ Arrival: _____

Outgoing

Maya Air Flight Number: _____ Departure: _____ Arrival: _____

Airline _____ Flight Number _____ Arrival Time _____

Reservation	Arrival	Departure

Trip Details

The following outlines all inclusions with your package. If you would like to add or remove any items, please contact Megan at (816) 804.5045 or mconsidine@hfc-belize.com

Payment Details

All package reservations require a 50% down deposit with a major credit card or check. Check's must be made payable to HFC-Belize Bookings, LLC and sent to 1625 Locust St., Kansas City, MO 64108. Deposits are due at time of booking. Remaining balance and taxes will be charged 24-48 hours before excursion.

Package Price: _____
50% Required Deposit: _____
Date of Deposit: _____
GST 12.5%: _____
Hotel Tax 9%: _____

Remaining Balance: _____

By signing this form, you're agreeing that all above information is true and correct including trip and payment details.

Guest Name (Printed)

Guest Signature