collette

TRAVEL DATE: 4/08/2025 TERRITORY: M1
RES#: 1217103

British Landscapes *featuring England, Scotland and Wales*

For Reservations Contact: Laura Chapman (906) 228-6355 email: laura@holiday-mqt.com
Holiday Travel Vacations, 1440 W Ridge St Ste B, Marquette, MI 49855-3199

A deposit of $698 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of October 02, 2024 are based upon availability. Final payment due by February 07, 2025. Deposits are refundable up until October 09, 2024.

YOUR INFORMATION:

Clearly print your full name (first/middle/last) **as it appears on your government issued travel documentation.**

IMPORTANT: In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to the ID being used to travel <passport/driver's license> including middle names or suffixes <Jr, Sr>.

First:_____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: ( ) Male ( ) Female Date of Birth: month _____ day _____ year _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: ( ) _____ Cell: ( ) _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____ Date of Issuance: (month/day/year) _____

City, State, Country of Issuance: _____ Citizenship: _____

Should you become ill or injured, whom should we contact (not traveling with you): _____ Phone: ( ) _____

ROOMING WITH: ☐ Check if address is the same as Passenger #1

First: _____ Middle: _____ Last: _____ Suffix: _____

AIR GATEWAY: Departure airport for this tour: _____

Air Seat Request: ( ) Aisle ( ) Window ( ) Next To Traveling Companion

Collette cannot guarantee your seat preference. If you have not purchased air through Collette and wish to purchase transfers, you must transfer at our pre-scheduled times. Please be advised, when travelling as part of a group, many airlines do not provide seat assignments. Preferred seating may be available for an additional charge.

Please reserve an upgrade to Elite Airfare for an additional rate of: ☐ Business Class $4,290

Service is limited and not available on all flights or carriers. Other restrictions may apply. Please note: if you purchase an upgrade, we cannot guarantee the same flight schedule as the group. Upgraded class of service is for the international portion of the journey only.

Elite Air pricing (Premium Economy, Business Class, or First Class) is valid until 8 months prior to departure, after which rates are subject to change and will be quoted based upon availability.

Are you willing to separate from the group air schedule to accommodate your upgrade request? ( ) Yes ( ) No

"Federal law forbids carriage of hazardous materials such as aerosols, fireworks, lithium batteries & flammable liquids aboard the aircraft in your checked or carry-on baggage. A violation can result in 5 years' imprisonment and penalties of $250,000 or more. Details on prohibited items may be found on TSA's "prohibited items" web page: http://www.tsa.gov/traveler-information/prohibited-items."

TRAVEL PROTECTION: ( ) Yes, I wish to purchase travel protection $449 ( ) No, I decline

If you choose not to purchase Collette's Waiver Insurance Plan, you will incur penalties for changes and cancellations. Travel Protection Payment is due with first deposit. The Waiver Fee does not cover any single supplement charges which arise from an individual's traveling companion electing to cancel for any reason prior to departure. The single supplement will be deducted from the refund of the person who cancels. (There is coverage under Part B which includes a single supplement benefit of $1,500 for certain covered reasons. See Part B for details.)

EXTENSION: I wish to purchase "3-Night Paris" ( ) Yes ( ) No

PLEASE MAKE CHECKS PAYABLE TO: Holiday Travel Vacations ( ) Check ( ) Credit Card

Waiver/Insurance Amount: $_____ Deposit Amount: $_____ Total amount enclosed: $_____

Cardholder Name (if paying by Credit Card): _____

Cardholder Billing Address: ☐ Check if address is the same as above _____

Cardholder Phone: _____ Amount: $_____

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiration Date: _ _ _ _
M M Y Y

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

_____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions. See http://www.gocollette.com/about-collette/terms-and-conditions for full terms and conditions of your purchase.

Important Conditions: Your price is guaranteed once deposit is received by Collette. Your price is not subject to increase after the deposit is received, except for charges resulting from increases in government-imposed taxes or fees.

collette
162 Middle Street
Pawtucket, RI • 02860
Phone: 1-800-852-5655 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to Holiday Travel Vacations. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: 1217103

TOUR: British Landscapes *featuring England, Scotland and Wales*

DEPARTURE DATE: April 8, 2025

GROUP NAME: WNMU-FM

Name of Passenger:
Salutation:_____ First Name:_____ Middle Initial:____ Last Name:_____ Suffix:____
(Mr., Mrs., Rev.) (Please print as it appears on Passport) (Jr., Sr.)

Cardholder Name: _____
(Please print as it appears on your Credit Card)

Cardholder Address: _____
(as it appears on your credit card statement)

_____

Cardholder Phone: _____

Credit Card Type: ___American Express ___Discover ___MasterCard ___Visa

Credit Card Number: _____

Expiration Date: _____ Amount to be charged: $ _____

Cardholder's Signature: _____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept Collette cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information MUST be provided. Thank you for your cooperation! If using your credit card for payment, please return this Authorization Form by mail to:

Holiday Travel Vacations
Attn: Laura Chapman
1440 W Ridge St Ste B
Marquette, MI 49855-3199

Or by Fax to: (906) 228-4652

☐ Above credit card information has been called in to Collette.