

First deposit of \$250 per person due upon reservation. *Reservations are made on a first come, first serve basis.
Reservations made after the seat reduction date of 09/13/2010 are based upon availability.

Final payment due by 09/13/2010.

Make checks payable to: Collette Vacations

For Reservations Contact: Holy Cross (508) 565-1778
Attn: Bob Hannon
500 Washington Street
North Easton, MA 02356-1299



Please Print Your Name Exactly As It Appears On Your Government Issued Travel Document (Passport or Drivers License):

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____
(Mr., Mrs., Rev.) Middle Name Or Initial, if applicable, as it appears on your government issued ID (Jr., Sr.)

Nickname (as you may prefer to be addressed): _____

Rooming With:

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____
(Mr., Mrs., Rev.) Middle Name Or Initial, if applicable, as it appears on your government issued ID (Jr., Sr.)

Nickname (as your guest may prefer to be addressed): _____

Your Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____ Cell: () _____

Passport Number: _____ Date of Issuance: _____ Expiration Date: _____

City, State, Country of Issuance: _____

Date of Birth: _____ City, State, Country of Birth: _____

Gender: Male Female Citizenship: _____

Emergency

Contact Name: _____ Telephone: () _____ Relationship: _____

I wish to purchase cancellation waiver and insurance at \$30 per person: Yes No (Payment due with first deposit.)

Please note: If you choose not to purchase Collette's Waiver Insurance Plan, you will incur penalties for changes and cancellations (see brochure for details)

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

Room Accommodations: Smoking Non-Smoking (Collette Vacations cannot guarantee your preference)

*Triple rooms are normally a standard double room with 2 beds. A cot or rollaway bed may be requested but not guaranteed due to size of room and fire codes.

Collette Vacations accepts American Express, Discover, MasterCard or Visa as payments toward your group reservation.

If paying by credit card, please complete the attached authorization form.

A Pilgrimage Tour to Montreal - 10/28/2010 420103 A4 7/28/2010

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www.ColletteVacations.com

Payment of a per person waiver insurance fee guarantees **full refund** on all payments (including deposit), **except the waiver fee itself**, made to Collette Vacations for tour service in case of cancellation for any reason prior to the day of departure. Air inclusive waiver insurance may be purchased only if you purchase your airline tickets from Collette Vacations.

Once on tour, if a passenger has to return home early due to personal illness, illness or death of a member of the immediate family, (physician's statement required), payment of the waiver fee to Collette Vacations guarantees full refund for any unused land services after departure from the tour. Payment of the air inclusive waiver guarantees your return transportation, with no additional supplement, utilizing your original airline tickets. In the event you have purchased non-refundable airline tickets, the air waiver does not apply.

The waiver insurance fees are **fully refundable up** to 09/13/2010. Waiver insurance is non-transferable and valid for each applicant only. *Waiver Insurance must be purchased at time of first deposit.*

Collette Vacations can assume no responsibility for and cannot be held liable for any wrongful, negligent or unauthorized acts or omissions of any travel agent or travel agency other than that of Collette Vacations itself, and its own employees.

The waiver insurance fees do not cover any single supplement charges which arise from an individual's traveling companion electing to cancel for any reason prior to departure. In this case, the single supplement will be deducted from the refund of the person who cancels. Division of this charge between the two passengers involved is solely their responsibility. If insufficient funds are deducted from the canceling client, the traveling client will be charged the remaining portion of the single supplement. The waiver covers cancellation of your trip and does not cover cancellation of the airline portion only.

The waiver insurance fees cover lost, damaged or delayed baggage as well as medical expenses, emergency medical attention and worldwide travelers' assistance. See your booking agent for details.



**COLLETTE
VACATIONS**

**180 Middle Street
Pawtucket, RI 02860**

Phone: 1-888-332-1934 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to Holy Cross. 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: 420103
DEPARTURE DATE: October 28, 2010

TOUR: A Pilgrimage Tour to Montreal
GROUP NAME: Holy Cross

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: _____

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 Vacations 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:

Holy Cross
Attn: Bob Hannon
500 Washington Street
North Easton, MA 02356-1299

Or by Fax to: (508) 565-1420