

BRANSON MUSICAL HOLIDAY

November 8-12, 2012

508851 11/8/2012 WA 4/6/2012



For Reservations Contact: Sunnyvale Senior Center (408) 730-7372
Attn: Betty Burney
550 E Remington Dr
Sunnyvale, CA 94087-2652

IMPORTANT: Please Print Your Name **EXACTLY** As It Appears On Your Government Issued Travel Documentation

YOUR INFORMATION:

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev.) (Please print **EXACTLY** as it appears on the government issued travel identification) (Jr., Sr.)
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: () _____ Mobile: () _____ Email Address: _____
Date of Birth: ____/____/____ City, State, Country of Birth: _____
Gender: () Male () Female
Emergency Contact: _____ Phone: () _____ Relationship: _____

ROOMING WITH:

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev.) (Please print **EXACTLY** as it appears on the government issued travel identification) (Jr., Sr.)

IMPORTANT CONDITIONS: Your price is subject to increase prior to the time you make full payment. Your price is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes or fees.

Signature Required: _____ to acknowledge your acceptance of these conditions.

AIR GATEWAY: Please advise your departure airport for this tour: _____ Air Seat Request () Aisle () Window
Collette Vacations cannot guarantee your preference. If you have not purchased air through Collette Vacations and wish to purchase transfers, you must transfer at our pre-scheduled times.

AIR UPGRADE: I am interested in purchasing an air upgrade to business or first class () Yes () No
Are you willing to separate from the group air schedule to accommodate your upgrade request? () Yes () No

TRAVEL PROTECTION: (X) Yes, I wish to purchase travel protection \$0 () No, I decline travel protection
PLEASE NOTE: If you choose not to purchase Value not found Waiver Insurance Plan, you will incur penalties for changes and cancellations (see brochure for details)

Travel Protection Payment is included with deposit.

PLEASE MAKE CHECKS PAYABLE TO: Collette Vacations

Deposit Amount: \$ _____ Total amount enclosed: \$ _____
Collette Vacations accepts American Express, Discover, MasterCard or Visa as payment toward your group reservation. If paying by credit card, please complete the attached authorization form.

First deposit of \$310 (which includes cancellation waiver and insurance) per person due upon reservation. Reservations are made on a first come, first serve basis. Reservations made after the seat reduction date of 7/9/2012 are based upon availability. Final payment due by 9/7/2012.

Please Cut and Keep Bottom Portion for Your Records

TERMS AND CONDITIONS: 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 7/16/2012. Waiver insurance is non-transferable and valid for each applicant only. *Waiver Insurance is included in the 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.



BB 7372

If paying by credit card, please complete this form and return to Sunnyvale Senior Center. 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: 508851
DEPARTURE DATE: November 8, 2012

TOUR: Branson Musical Holiday
GROUP NAME: Sunnyvale Senior Center

Name of Passenger:

Salutation: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
(Mr., Mrs., Rev.) (Please print as it appears on drivers license) (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 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:

Sunnyvale Senior Center
Attn: Betty Burney
550 E Remington Dr
Sunnyvale, CA 94087-2652

