

First deposit of \$100 per person due upon reservation, on or prior to 01/01/2008.

First come, first served. **Final payment due 03/01/2008.**

Make checks payable to: Collette Vacations
For Reservations Contact: West Valley College
Attn: Community Education Department
14000 FRUITVALE AVE Community
Education
Saratoga CA 95070

Tel. #: 408-741-2096



Your Name: Mr./Mrs./Ms _____ Rooming with: _____

(Please print as it appears on License)

(Please print as it appears on License)

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

Your Address: _____ Email Address: _____

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

I wish to purchase cancellation waiver and insurance at \$120 per person. Yes No

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)

Payments for waiver and insurance due at time of first deposit.

Total amount enclosed: \$ _____

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 and wish to purchase transfers, you must transfer at our pre-scheduled times.

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

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

242357 WA0 06/20/2007

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 01/01/2008. Waiver insurance is non-transferable and valid for each applicant only. *Waiver Insurance must be purchased at time of 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 Travel Service, Inc. 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

162 Middle Street
Pawtucket, RI 02860
Phone: 1-800-352-8029 Fax: (401)727-9014

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

CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: **242357** TOUR: **Mackinac**

DEPARTURE DATE: **May 1, 2008** GROUP NAME: **West Valley College**

NAME OF PASSENGER(S): _____

CARDHOLDER NAME: _____

CARDHOLDER ADDRESS: _____
(AS IT APPEARS ON YOUR CREDIT CARD STATEMENT)

CARDHOLDER PHONE # _____ - _____ - _____

___ Visa ___ Mastercard ___ American Express ___ Discover

CREDIT CARD NUMBER: _____

EXP 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:

Collette Vacations
Attn: Accounts Receivable
180 Middle Street
Pawtucket, RI 02860

Or by Fax to: 401-727-9014