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For Reservations Contact: Donny Roach (903) 593-2300 email: donny@goamericantours.com American Tours. PO Box 8723. Tyler. TX 75711-8723

A deposit of \$698 per person is due upor April 28, 2024 are based upon availability YOUR INFORMATION:	. Final payment due by S	September 05, 202	4. Deposits are refundab	le up until May 05, 20	
Clearly print your full name (first/middle/las IMPORTANT: In order to avoid any unneces the legal name and be 100% identical to the	sary change fees, it is im	perative that all gue	st names are entered corr	ectly from the start. Th	
First:	Middle:		_Last:		Suffix:
Nickname:	Gender: () Male	e () 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: (r	month/day/year)
City, State, Country of Issuance:				_ Citizenship:	
Should you become ill or injured, wh	om should we contac	t (not traveling w	vith you):	Phor	ne: ()
ROOMING WITH: Check if addres	s is the same as Passe	nger #1			
First:	Middle:		Last:		Suffix:
Air Seat Request: () Aisle () Windo Collette cannot guarantee your seat prefere Please be advised, when travelling as part of Please reserve an upgrade to Elite Airfa Service is limited and not available on a same flight schedule as the group. If Bu Are you willing to separate from the group "Federal law forbids carriage of hazardous r baggage. A violation can result in 5 years' in http://www.tsa.gov/traveler-information/proh TRAVEL PROTECTION: () Yes, I wish If you choose not to purchase Collette's Waiv Fee does not cover any single supplement of supplement will be deducted from the refund covered reasons. See Part B for details.) EXTENSION: I wish to purchase "3-N ON TOUR ACTIVITIES: Please choo Please Choose One: (<i>subject to availa</i> () Hotel Raito – Standard (included) () Hotel Raito – Deluxe Sea View (a PLEASE MAKE CHECKS PAYABLE 1	nce. If you have not purch f a group, many airlines d irre for an additional rate Il flights or carriers. Oth siness class service ha air schedule to accommon haterials such as aerosols mprisonment and penaltie bited-items." I to purchase travel prote er Insurance Plan, you will sharges which arise from a I of the person who cance ght Florence" () Yes se one of the followin <i>ability</i>) dditional charge of \$32 O : Collette () Check	ased air through Cc o not provide seat a of: Busines er restrictions ma s been purchased date your upgrade fireworks, lithium b s of \$250,000 or mo ection \$449 () incur penalties for c in individual's travel ls. (There is covera () No g on tour hotels 5.00 double, \$650 c () Credit Carc	assignments. Preferred sea as Class \$4,190 y apply. Please note: if d, it is for the internation request? () Yes () N batteries & flammable liqui- bore. Details on prohibited in No, I decline hanges and cancellations. ing companion electing to ge under Part B which incl 0.00 single required)	ating may be available f you purchase an upg al portion of the journ to ds aboard the aircraft in tems may be found on Travel Protection Payme cancel for any reason udes a single suppleme	for an additional charge. grade we cannot guarantee the ney only. n your checked or carry-on TSA's "prohibited items" web page: ent is due with first deposit. The Waiver prior to departure. The single ent benefit of \$1,500 for certain
Waiver/Insurance Amount: \$					
Cardholder Name (if paying by Credit C	ard):				
Cardholder Billing Address: Check i	f address is the same as a	bove			
Cardholder Phone:			Amount: \$		
Credit Card Number:			Expiration Da	ate:	
SIGNATURE REQUIRED for acceptant				ММҮ	(Y
				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/aboutcollette/terms-and-conditions for full terms and conditions of your purchase.

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.



TOUR: Rome & the Amalfi Coast **GROUP NAME:** American Tours

DEPARTURE DATE: Nov 04, 2024 BOOKING NUMBER: 1196419

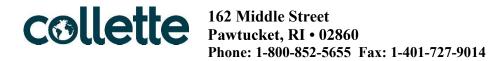
AVAILABLE PREPAID OPTIONS

Personalize your tour by adding an optional activity below. Our recommended options have been carefully chosen to help enhance your individual experience. Complete the provided Prepaid Options Form to reserve your options. Availability is limited and reservations are on a first come, first served basis. Payment must be received no later than 15 days prior to departure. Prices are subject to change. Children under the age of 18 MUST be accompanied by an adult.

lutation:First: (Mr., Mrs., Rev.)	(Please print EXACTLY a	Last: as it appears on Passport)	Suffix: 	Nickname:
\checkmark	0	ption		Price Per Person (USD)
Please note this	luseums and St. Peter's Bas option must be booked at leas ue to the nature of this optional	t 90 days prior to departure a	and is not guaranteed	99.00
Bask in the Be This option is w	eauty of Capri eather permitting and boats ma	y depart from Naples during	certain times of year.	165.00
Trastevere Fo				120.00

Please make checks payable to Collette and send to:

American Tours Attn: Donny Roach PO Box 8723 Tyler, TX 75711-8723



If paying by credit card, please complete this form and return to American Tours. 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: 1196419	TOUR: Rome & the Amalfi Coast			
DEPARTURE DATE: November 4, 2024	GROUP NAME: American Tours			
Name of Passenger:				
Salutation: First Name:	Middle Initial:	Last Name:	Suffix:	
(Mr., Mrs., Rev.)	(Please print as it ap	pears on Passport)	(Jr., Sr.)	
Cardholder Name:				
(Please print as it appears on your Credit	Card)			
Q 11 11 4 11				
Cardholder Phone:				
Credit Card Type:American Expre	essDisco	verMasterCard	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:

American Tours Attn: Donny Roach PO Box 8723 Tyler, TX 75711-8723

Above credit card information has been called in to Collette.