

General Registration – COLLETTE VACATIONS

(Please print name as it appears on your passport)

First Name: _____

Middle Name(s): _____

Last Name: _____

Street Address: _____

City/Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Birth date: _____

Gender: M F

Citizenship: CAN Other: _____

Passport No: _____

Expire Date: _____

Roommate: Spouse or Friend or SINGLE (circle one)

Departure airport: _____

Tour Name: _____

Departure Date: _____ Brochure Price: _____

Arrange flight with Collette Vacations

Arrange flight with commercial carrier

Arrange Pre-stay Arrange Post-stay

Accept Travel Insurance Decline Travel Insurance

Emergency Contact: _____

Phone: _____

Relationship: _____

By signing below, I accept the Terms and Conditions.

Signature 1: _____

Date: _____

(Please print name as it appears on your passport)

First Name: _____

Middle Name(s): _____

Last Name: _____

Street Address: _____

City/Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Birth date: _____

Gender: M F

Citizenship: CAN Other: _____

Passport No: _____

Expire Date: _____

Roommate: Spouse or Friend or SINGLE (circle one)

Departure airport: _____

Tour Name: _____

Departure Date: _____ Brochure Price: _____

Arrange flight with GLOBUS/COSMOS

Arrange flight with commercial carrier

Arrange Pre-stay Arrange Post-stay

Accept Travel Insurance Decline Travel Insurance

Emergency Contact: _____

Phone: _____

Relationship: _____

By signing below, I accept the Terms and Conditions.

Signature 2: _____

Date: _____