

Above credit card information has been called in to Collette.

162 Middle Street

Phone: 1-800-852-5655 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to FSB's Connect Club. 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: 820752 TOUR: Discover Switzerland, Austria & Bavaria with Oberammergau Passion Play

DEPARTURE DATE: June 24, 2022	GROUP NAME: FSB's Connect Club			
	ease print as it appears on Passport	(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	DiscoverM	lasterCardVisa		
Credit Card Number:				
Expiration Date:	Amount to be cha	rged: \$		
Cardholder's Signature:		Date:		
I agree to pay according to the card issuer agree policy, terms and conditions.	ement. I understand and	d accept Collette cancellation		
Participating credit card companies are now red FRAUD PREVENTION. All information MU If using your credit card for payment, please red	JST be provided. Than	nk you for your cooperation!		
FSB's Connect Club Attn: Kathy Leesekamp 1240 8th Ave Marion, IA 52302-3504				
Or by Fax to: (319) 447-4418				



162 Middle Street Pawtucket, RI • 02860

Phone: 1-800-852-5655 Fax: 1-401-727-9014

BOOKING NUMBER: 820752

TOUR: Discover Switzerland, Austria & Bavaria with Oberammergau Passion Play GROUP NAME: FSB's Connect Club

DEPARTURE DATE: June 24, 2022

Available 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 serve 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.

Innsbruck



Spectacular Seefeld and Country Cottage Visit

\$99 USD

How better to spend a free day than visiting the romantic Alpine village of Seefeld. Beautifully situated at 3,600 feet above sea level, this charming Tyrolean town commands breathtaking views of the surrounding mountains and countryside. Known as one of the world's greatest ski resorts, Seefeld offers a relaxed atmosphere in an Alpine setting with miles of trails for walking, lakes, fine shopping, dining possibilities and fresh, Alpine air. After arriving by train, enjoy a glass of schnapps and a traditional horse and buggy ride. While at the small country home, learn how to make your own apple strudel and indulge in the chance to sample one of Austria's famous sweets! *Duration: Approximately 5 hours.* Please note a minimum of 10 passengers is required. Transportation is included.

PASSENGERS NAME: (Pleas	e submit a separate form for each passenger)		
Salutation: First:	Middle:Last:	Suffix: Nickname:	
(Mr., Mrs., Rev.)	(Please print EXACTLY as it appears on Passport)	(Jr., Sr.)	
	Ontion	Price Per Person	
•	Option	(USD)	
Spectacular	Seefeld and Country Cottage Visit	99.00	

Please make checks payable to FSB's Connect Club and send to:

FSB's Connect Club Attn: Kathy Leesekamp 1240 8th Ave

Marion, IA 52302-3504 Fax: (319) 447-4418



TRAVEL DATE: 6/24/2022 TERRITORY: M8 RES#: 820752

Discover Switzerland, Austria & Bavaria with Oberammergau Passion Play

For Reservations Contact: Kathy Leesekamp (319) 294-2900 email: KathyLeesekamp@fsbmail.net FSB's Connect Club, 1240 8th Ave, Marion, IA 52302-3504

A deposit of \$800 per person is due upon reservation. A second deposit is required 1 year prior to departure, in the amount of \$1,500 per person. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of November 24, 2020 are based upon availability. Final payment due by February 24, 2022. Deposits are refundable up until December 01, 2020.

YOUR INFORMATION:

Clearly print your full name (first/middle/last) as it appears on your government issued travel documentation.

IMPORTANT: In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to the ID being used to travel passport/driver's license> including middle names or suffixes <Jr, Sr>.

First:	_ Middle:		Last:		Suffix:	
Nickname:	_ Gender: () Male	() 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: (month/day/year)		
City, State, Country of Issuance:				Citizenship:		
Should you become ill or injured, whom so ROOMING WITH: Check if address is to		_	vith you):	Phone: ()	
First:	_		Last:		Suffix:	
Please be advised, when travelling as part of a gray "Federal law forbids carriage of hazardous mater baggage. A violation can result in 5 years' imprishttp://www.tsa.gov/traveler-information/prohibited TRAVEL PROTECTION: () Yes, I wish to please the year of you choose not to purchase Collette's Waiver Inspection of the you choose not cover any single supplement charg supplement will be deducted from the refund of the covered reasons. See Part B for details.) ON TOUR ACTIVITIES: Please choose on Please Choose One: () Innsbruck Cultural City Tour () Architectural Innsbruck City Tour PLEASE MAKE CHECKS PAYABLE TO: F	rials such as aerosols, fi conment and penalties of l-items." ourchase travel protect surance Plan, you will inc es which arise from an ince person who cancels. e of the following or	ireworks, lithium f \$250,000 or motion \$500 () cur penalties for condividual's travel (There is coverant tour activitien)	batteries & flammable liquore. Details on prohibited No, I decline hanges and cancellations. ling companion electing to ge under Part B which inc s) Credit Card	ids aboard the aircraft in your items may be found on TSA's Travel Protection Payment is cancel for any reason prior to ludes a single supplement be	r checked or carry-on s "prohibited items" web page: due with first deposit. The Waiver o departure. The single enefit of \$1,000 for certain	
Waiver/Insurance Amount: \$	Deposit Amo	ount: \$	Total a	mount enclosed: \$		
Cardholder Name (if paying by Credit Card):						
Cardholder Billing Address:	ress is the same as abo	ve				
Cardholder Phone:			Amount: \$			
Credit Card Number:	the below conditions	and agreemen	t to credit card use:	ate:		

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/about-collette/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.