SPOT	lette	TRAVEL DATE: 11/26 RES#: 1051032	/2021 TERRIT(DRY: M8	Spotlight on San Anto	nio Holiday		
FSB's Co	ervations Contact: Kathy Lu pnnect Club, 1240 8th Ave, N	Marion, IA 52302-350	4	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
A deposit of \$600 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of June 19, 2021 are based upon availability. Final payment due by September 27, 2021. Deposits are refundable up until June 26, 2021. YOUR INFORMATION: Clearly print your full name (first/middle/last) as it appears on your government issued travel documentation. MPORTANT: 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 <pre>cpassport/driver's license> including middle names or suffixes <jr, sr="">.</jr,></pre>								
First:		Middle:		Last:		Suffix:		
Nickname:		_ Gender: () Male	() Female	Date of Birth: month	day	year		
Address:			City:		State:	Zip Code:		
Phone: ()	Cell: ()		Email Address:			
Should you l	become ill or injured, whom	should we contact (no	ot traveling w	/ith you):	Phone: ()		
ROOMING WITH: Check if address is the same as Passenger #1								
First:		_Middle:		Last:		Suffix:		
AIR GATEWAY: Departure airport for this tour:Air Seat Request: () Aisle () Window () Next To Traveling Companion Collette cannot guarantee your seat preference. If you have not purchased air through Collette and wish to purchase transfers, you must transfer at our pre-scheduled times. Please be advised, when travelling as part of a group, many airlines do not provide seat assignments. Preferred seating may be available for an additional charge. "Federal law forbids carriage of hazardous materials such as aerosols, fireworks, lithium batteries & flammable liquids aboard the aircraft in your checked or carry-on baggage. A violation can result in 5 years' imprisonment and penalties of \$250,000 or more. Details on prohibited items may be found on TSA's "prohibited items" web page: http://www.tsa.gov/traveler-information/prohibited-items." TRAVEL PROTECTION: () Yes, I wish to purchase travel protection \$199 () No, I decline If you choose not to purchase Collette's Waiver Insurance Plan, you will incur penalties for changes and cancellations. Travel Protection Payment is due with first deposit. The Waiver Fee does not cover any single supplement charges which arise from an individual's traveling companion electing to cancel for any reason prior to departure. The single supplement will be deducted from the refund of the person who cancels. (There is coverage under Part B which includes a single supplement benefit of \$1,000 for certain covered reasons. See Part B for details.)								
Please Cho () Westir () Westir \$110.00 do	ACTIVITIES: Please choose pose One: (subject to availabili in Riverwalk Hotel San Antonio in Riverwalk Hotel San Antonio puble, \$220.00 single required) KE CHECKS PAYABLE TO: 1	ty) – Standard (included) – Superior (additional d	charge of	Please Choose One: () The Witte Museu () San Antonio Bot	Jm			
Waiver/Insura	ance Amount: \$	Deposit Amou	unt: \$	Total a	mount enclosed: \$			
Cardholder Name (if paying by Credit Card):								
Cardholder Billing Address: Check if address is the same as above								

Cardholder Phone: _____ Amount: \$_____

Expiration Date: M M Y Y

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

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/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.



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: 1051032 DEPARTURE DATE: November 26, 2021 TOUR: Spotlight on San Antonio Holiday GROUP NAME: FSB's Connect Club

Name of Passenger:			
Salutation: First Name:	Middle Initial:	Last Name:	Suffix:
(Mr., Mrs., Rev.)	(Please print as it app	ears on drivers license)	(Jr., Sr.)
Cardholder Name:			
(Please print as it a	ppears on your Credit Card)		
Cardholder Address:			
(as it appears on	your credit card statement)		
Cardholder Phone: Credit Card Type:Am		verMasterCard	Visa
Credit Card Number:			
Expiration Date:	Amour	nt 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:

FSB's Connect Club Attn: Kathy Leesekamp 1240 8th Ave Marion, IA 52302-3504

Or by Fax to: (319) 447-4418

Above credit card information has been called in to Collette.