



TRAVEL DATE: 5/20/2022 TERRITORY: M8
RES#: 1043621

Islands of New England

For Reservations Contact: Kathy Leeseekamp (319) 294-2900 email: KathyLeeseekamp@fsbmail.net

FSB's Connect Club, 1240 8th Ave, Marion, IA 52302-3504

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 November 13, 2021 are based upon availability. Final payment due by March 21, 2022. Deposits are refundable up until November 20, 2021.

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: _____

Should you become ill or injured, whom should we contact (not traveling with 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.](http://www.tsa.gov/traveler-information/prohibited-items)"

TRAVEL PROTECTION: () Yes, I wish to purchase travel protection \$299 () 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.)

EXTENSION: I wish to purchase "2-Night Boston" () Yes () No

ON TOUR ACTIVITIES: Please choose one of the following on tour activities

Please Choose One:

- () Marble House Mansion
- () Rosecliff House Mansion

Please Choose One:

- () Northeast Unlimited -Dune Tour
- () Northeast Unlimited-Whale watch

Please Choose One: *(subject to availability)*

- () Sea Crest Beach Hotel – Standard (included)
- () Sea Crest Beach Hotel – Standard Ocean View (additional charge of \$290.00 double, \$580.00 single required)

PLEASE MAKE CHECKS PAYABLE TO: FSB's Connect Club () Check () Credit Card

Waiver/Insurance Amount: \$ _____ Deposit Amount: \$ _____ Total amount enclosed: \$ _____

Cardholder Name (if paying by Credit Card): _____

Cardholder Billing Address: Check if address is the same as above _____

Cardholder Phone: _____ Amount: \$ _____

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ 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.



162 Middle Street
 Pawtucket, RI • 02860
 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: 1043621
 DEPARTURE DATE: May 20, 2022

TOUR: Islands of New England
 GROUP NAME: FSB's Connect Club

Name of Passenger:

Salutation: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
(Mr., Mrs., Rev.) (Please print as it appears on drivers license) (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 ___Discover ___MasterCard ___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:

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.