



REGISTRATION/CREDIT CARD AUTHORIZATION FORM	
Passenger Name/DOB:	
Passenger Name/DOB:	
Passenger Name/DOB:	
Passenger Name/DOB:	
Trip/Event:	
Cruise:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Balcony <input type="checkbox"/> Suite
Amount of Trip:	
Deposit:	
Cardholder: (please print)	
Email Address: (please print)	
Home Phone:	
Address:/ City/State/Zip	
Insurance	<input type="checkbox"/> Add Insurance <input type="checkbox"/> I do not want insurance
Card #/ <input type="checkbox"/> Visa <input type="checkbox"/> MC/Check	
Security Code/Expiration Date:	
Special Needs:	
<input type="checkbox"/> I understand that it is my responsibility to obtain the correct travel documentation (passport, visa, identification) for the destination(s) to be visited. I am aware airlines may charge baggage fees. <input type="checkbox"/> I understand that the names printed on this registration must match exactly the first and last names in each passport. Any discrepancy may result in cancellation, change fees, new and higher airfares or denial of services. <input type="checkbox"/> My payment and signature below constitute acceptance of those terms. I have been offered insurance.	
Cardholder Signature:	
Print Name/Date:	
Fax/mail/scan to Colesville Travel at 301-989-8473 Colesville Travel, P.O. Box 4844, Silver Spring, MD 20914. Phone: 301-989-1654. Email info@ColesvilleTravel.com. Website: www.ColesvilleTravel.com	