



REGISTRATION/CREDIT CARD AUTHORIZATION FORM	
Passenger Name/DOB:	
Passenger Name/DOB:	
Passenger Name/DOB:	
Passenger Name/DOB:	
Trip:	
City of Departure:	<input type="checkbox"/> BWI <input type="checkbox"/> IAD <input type="checkbox"/> DCA <input type="checkbox"/> Other _____
Agreed Amount/Deposit:	
Persons per room: (if applicable)	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Quad
Cruise Category: (if applicable)	
Cardholder: (please print)	
Email Address: (please print)	
Home Phone:	
Address:	
City/State/Zip:	
Card #/ <input type="checkbox"/> Visa <input type="checkbox"/> MC/Check	
Security Code/Expiration Date:	
<p><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.</p> <p><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. Cancellation fees may apply.</p> <p><input type="checkbox"/> My payment and signature below constitute acceptance of those terms. I have been offered insurance. Please provide DOB for insurance.</p>	
Cardholder Signature:	
Name/Date:	
<p>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 cindy@ColesvilleTravel.com. Website: www.ColesvilleTravel.com</p> <p>THANK YOU FOR YOUR PATRONAGE. WE APPRECIATE YOUR BUSINESS!</p>	