

Colesville Travel Credit Card Payment/Registration Form
Please complete form and fax/mail/scan to Colesville Travel

THIS SECTION TO BE COMPLETED BY THE CARD HOLDER

Passenger name:	<input type="text"/>	DOB
Passenger name:	<input type="text"/>	DOB
Comments/Notes:	<input type="text"/>	
Departure City:	<input type="text" value="___BWI ___DCA ___ IAD ___Other _____"/>	
Email address:	<input type="text"/>	
Event:	LifeStyle Festival - July 23 – July 26, 2009	
Deposit:	<input type="text"/>	
Add Tour:	<input type="text" value="Sunset Catamaran and Beach Barbeque"/> Add \$76.50 per person	
Cardholder (print name)	<input type="text"/>	
Home Phone	<input type="text"/>	
Address	<input type="text"/>	
City	<input type="text"/>	State <input type="text"/> Zip <input type="text"/>
Card #	<input type="text"/>	
Security Code#	<input type="text"/>	Click here for information on your security code .
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Add 3% for MasterCard and Visa	
Expiration Date	<input type="text"/>	
<p>___ I understand that it is my responsibility to obtain the correct travel documentation (passport, visa, identification) for the destination(s) to be visited. No passport required for St. Thomas.</p> <p>___ I understand that the names printed on this invoice must match exactly the first and last names on my documentation. Any discrepancy may result in cancellation, change fees, new and higher airfares or denial of services.</p> <p>___ My payment and signature below constitute acceptance of those terms. I have been offered insurance.</p>		
Cardholder's Signature	<input type="text"/>	
Name (printed)	<input type="text"/>	
Date	<input type="text"/>	

Fax to Colesville Travel at 301-989-8473
or mail to: Colesville Travel, P.O. Box. 4844, Silver Spring, MD 20914
Phone: 301.989.1654 Email: cindy@colesvilletravel.com - Website:
www.colesvilletravel.com