



Colesville Travel Registration/Credit Card Payment Form

Passenger Name(s):

Passenger Name(s):

Passenger Name(s):

Passenger Name(s):

Trip: **REDSKINS VS. DALLAS – Dec. 17 – 20 or Dec. 18 – 20, 2010**

Email:

Persons per room:

Hotel: Gaylord or Embassy Suites

City of Departure:

Deposit Amount: (add 3% for credit cards)

Cardholder (print name):

Home Phone:

Address:

City: State Zip

Card #:

Security Code#:

Expiration Date:

Type of Card: Visa Mastercard add 3% for credit cards

____ I understand that it is my responsibility to obtain the correct travel documentation (passport, visa, identification) for the destination(s) to be visited.

____ I understand that the names printed on this invoice 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. I have been offered insurance.

____ My payment and signature below constitute acceptance of those terms. Insurance available and recommended. Please provide your date of birth.

Cardholder's Signature:

Name (printed):

Date:

Fax/mail/scan 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

THANKS FOR YOUR BUSINESS!