



Family and Friends Trip
Windward Passage Hotel
St. Thomas, US Virgin Islands
July 24 - 31, 2010
 (3 - 7 night packages available)

Experience the charm of the U.S. Virgin Islands. The U.S. Virgin Islands is a paradise with so much more to offer than the traditional beach vacation. You can immerse yourself in a profound cultural experience and enjoy historical tours, culinary encounters, artisan fairs, parades, and storytelling. Visit St. Thomas – no passport required!

Your package includes:

- Hotel package of your choice (please indicate if you want a city view or ocean view room and the number of nights)
- Rates are valid for any dates between July 24 - 31, 2010

City View Room	3 Nights	4 Nights	5 Nights	6 Nights	7 Nights	Ocean View Room	3 Nights	4 Nights	5 Nights	6 Nights	7 Nights
Quad	175	235	295	350	405	Quad	195	280	325	390	455
Triple	205	275	350	405	475	Triple	230	310	385	460	535
Double	260	345	430	515	600	Double	300	400	500	600	700
Single	515	690	860	1030	1200	Single	600	800	1000	1197	1395

DEPOSIT INFORMATION: ALL RATES AND DEPOSITS ARE PER PERSON. Children under 12 are free when sharing a room with two full paying adults. \$150 due February 28, 2010. 50% must be paid by May 1, 2010. Balance due: July 1, 2010. Deposits are nonrefundable and nontransferable. Please fill out attached registration form and fax/mail to Colesville Travel with payment. Optional insurance available. Additional expenses: Excursions, items of a personal nature. Returned checks subject to \$35 fee.

ALL TRAVEL ARRANGEMENTS MADE BY COLESVILLE TRAVEL

Cynthia Amin Hall
 P.O. Box 4844
 Silver Spring, MD 20914
 Office: 301-989-1654. Fax: 301-989-8473
 Email: cindy@colesvilletravel.com.
 Website: www.colesvilletravel.com



Colesville Travel Credit Card Payment/Registration Form

Please fill out form and fax/mail/scan with payment to Colesville Travel

Passenger name(s):	<input type="text"/>
Passenger name(s):	<input type="text"/>
Passenger name(s):	<input type="text"/>
Passenger name(s):	<input type="text"/>
Email address:	<input type="text"/>
Name of Trip:	St. Thomas - July 24 – 31, 2010 (3 – 7 night packages available)
Additional Info:	City View Room: ____ . Ocean View Room: ____ Day of Arrival: ____ . Day of Departure: ____
Hotel Package:	Indicate no. of night package: __3 __4 __5 __6 __7
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
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. Passport required.</p> <p>____ 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.</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

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