

Colesville Travel Registration Form

Kindly complete this form by filling in the fields, printing the page, and signing.
Fax/mail with payment to Colesville Travel

THIS SECTION TO BE COMPLETED BY THE REGISTRANT

Passenger Name(s):	<input style="width: 95%;" type="text"/>	DOB			
Passenger Name(s):	<input style="width: 95%;" type="text"/>	DOB			
Passenger Name(s):	<input style="width: 95%;" type="text"/>	DOB			
Passenger Name(s):	<input style="width: 95%;" type="text"/>	DOB			
Reservation #:	David and Bynia Wedding – April 17 – 20, 2008				
Email:	<input style="width: 95%;" type="text"/>				
Persons per room:	<input style="width: 95%; border: 1px solid black;" type="text" value="Single Double Child"/>				
Room Category:	<input style="width: 95%;" type="text"/>				
City of Departure:	<input style="width: 95%;" type="text"/>				
Amount Agreed: \$	<input style="width: 95%;" type="text"/>				
Cardholder (print name):	<input style="width: 95%;" type="text"/>				
	If paying by credit card – use Apple Vacations Credit Card Form				
Home Phone:	<input style="width: 95%;" type="text"/>				
Address:	<input style="width: 95%;" type="text"/>				
City:	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Zip	<input style="width: 95%;" type="text"/>
Card #:	<input style="width: 95%;" type="text"/>				
Security Code#:	<input style="width: 95%;" type="text"/>	Click here for information on your security code .			
Type of Card:	<input type="radio"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>				
Expiration Date:	<input style="width: 95%;" 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.</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. I have been offered insurance. ____ yes ____ no.</p> <p>____ My payment and signature below constitute acceptance of those terms</p>					
Cardholder's Signature:	<input style="width: 95%;" type="text"/>				
Name (printed):	<input style="width: 95%;" type="text"/>				
Date:	<input style="width: 95%;" 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
Thank You.