For Reservations Contact: Donny Roach (903) 593-2300 email: donny@goamericantours.com American Tours. PO Box 8723. Tyler. TX 75711-8723

A deposit of \$898 per person is due upor August 02, 2024 are based upon availabit YOUR INFORMATION:	n reservation. Reservation					
Clearly print your full name (first/middle/las IMPORTANT: In order to avoid any unnece the <u>legal</u> name and be 100% identical to the	ssary change fees, it is impe	rative that all gue	st names are entered cor	rectly from the		ation below must be
First:	Middle:		Last:			Suffix:
Nickname:	Gender: () Male	() Female	Date of Birth: month		day	year
Address:		City:		State:		Zip Code:
Phone: ()	Cell: ()		Email Ad	dress:	
Passport Number:	Expiration D	ate: (month/day	//year)	_ Date of Issu	uance: (month/da	ay/year)
City, State, Country of Issuance:				_ Citizenship:		
Should you become ill or injured, wh	om should we contact (not traveling w	/ith you):		Phone: ()
ROOMING WITH: Check if addres	is the same as Passeng	ger #1				
First:	Middle:		_Last:			Suffix:
Please be advised, when travelling as part of Please reserve an upgrade to Elite Airf. Service is limited and not available on al flight schedule as the group. Upgraded of Elite Air pricing (Premium Economy, Bus quoted based upon availability. Are you willing to separate from the grou "Federal law forbids carriage of hazardous materials sur penalties of \$250,000 or more. Details on prohibited the TRAVEL PROTECTION: () Yes, I wish If you choose not to purchase Collette's Waix Fee does not cover any single supplement supplement will be deducted from the refun covered reasons. See Part B for details.) CABIN PREFERENCE: Please Numb	are for an additional rate of I flights or carriers. Other r class of service is for the in siness Class, or First Class up air schedule to accomm thas aerosols, fireworks, lithium batt ms may be found on TSA's "prohibite in to purchase travel protec ver Insurance Plan, you will in- charges which arise from an d of the person who cancels.	f: Premium estrictions may ternational porti) is valid until 8 modate your up eries & flammable liqui d items" web page: htt tion \$599 () cur penalties for cl individual's travel (There is covera- to 4. (1 being ye	Economy \$2,490 E A apply. Please note: if yo ion of the journey only. months prior to departur grade request? () Yes ids aboard the aircraft in your chet p://www.tsa.gov/traveler-informa No, I decline hanges and cancellations. ing companion electing to ge under Part B which inc	Business Class ou purchase an re, after which () No ecked or carry-on b tion/prohibited-item Travel Protection o cancel for any	s \$4,490 n upgrade, we ca h rates are subject laggage. A violation ca is." on Payment is due v reason prior to de	annot guarantee the same ct to change and will be an result in 5 years' imprisonment and e with first deposit. The Waiver eparture. The single
() Lower Outside () Middle Outside We will make every effort to accommodate categories. If requested cabin category is n PLEASE MAKE CHECKS PAYABLE	your cabin category preferen ot available, the next availabl	ce at the time of the category will be	e offered and the supplem			
Waiver/Insurance Amount: \$	Deposit Am	ount: \$	Total a	mount enclos	ed: \$	
Cardholder Name (if paying by Credit C	Card):					
Cardholder Billing Address: Check	if address is the same as abo	ove				
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Lagree to pay according to the card issuer	arreement Lunderstand and	accent the cance	allation policy terms and c	Date:	http://www.gocoli	lette com/about-

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions. See http://www.gocollette.com/aboutcollette/terms-and-conditions for full terms and conditions of your purchase. Important Conditions: Your price is guaranteed once deposit is received by Collette. Your price is not subject to increase after the deposit is received, except for charges

resulting from increases in government-imposed taxes or fees.



TOUR: Holland & Belgium Springtime River Cruise **GROUP NAME:** American Tours

DEPARTURE DATE: Apr 08, 2025 BOOKING NUMBER: 1195541

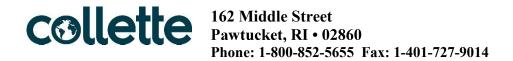
AVAILABLE PREPAID OPTIONS

Personalize your tour by adding an optional activity below. Our recommended options have been carefully chosen to help enhance your individual experience. Complete the provided Prepaid Options Form to reserve your options. Availability is limited and reservations are on a first come, first served basis. Payment must be received no later than 15 days prior to departure. Prices are subject to change. Children under the age of 18 MUST be accompanied by an adult.

utation: (N	First: /r., Mrs., Rev.)	Middle: (Please print EXACTLY as it ap	Last: opears on Passport)	Suffix:	Nickname: Sr.)
\checkmark		Optio	on		Price Per Person (USD)
	Airborne Museur	n			90.00
		available until 15 days prior to d			
		nip directly from the Tour Manag		t the same time as	
	the Masters & Mod	lern Art at the Kroller Muller Mus	eum option		
	Masters & Mode	n Art at the Kröller Müller Mu	Iseum		115.00
	This option is only	available until 15 days prior to d	eparture. After this time, th	he option may be	
	purchased once yo	ou are on board the cruise ship o	lirectly from Tour Manage	r.	
	Storm surge bar	ier and Flood Museum			99.0

Please make checks payable to Collette and send to:

American Tours Attn: Donny Roach PO Box 8723 Tyler, TX 75711-8723



If paying by credit card, please complete this form and return to American Tours. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: 1195541 DEPARTURE DATE: April 8, 2025 TOUR: Holland & Belgium Springtime River Cruise GROUP NAME: American Tours

Name of Passe					
Salutation:	First Name:	Middle	Initial: L	ast Name:	Suffix:
			rint as it appears o	(Jr., Sr.)	
Cardholder					
	(Please print as it appears	on your Credit Card)			
Cardholder	Address:				
	(as it appears on your c	redit card statement)			
Cardholder	Phone:				
	d Type:America	an Express	_Discover	MasterCard	Visa
Credit Card	Number:				
Expiration I	Date:		Amount to	be charged: \$	
Cardholder'	s Signature:			Date:	

I agree to pay according to the card issuer agreement. I understand and accept Collette cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information MUST be provided. Thank you for your cooperation! If using your credit card for payment, please return this Authorization Form by mail to:

American Tours Attn: Donny Roach PO Box 8723 Tyler, TX 75711-8723

Above credit card information has been called in to Collette.



Special Needs Form

Please complete this form, sign and return it to us within 14 days of receipt. Email: <u>TravelOperations@collette.com</u> Fax: 401.727.4745 Mail: Collette: Travel Operations 180 Middle Street Pawtucket, RI 02860

TRAVELERS NEEDING SPECIAL ASSISTANCE

You must report any disability requiring special attention to Collette at the time the reservation is made. *Collette will make reasonable efforts to accommodate the special needs of tour participants. Such participants, however, should be aware that the Americans with Disabilities Act is inapplicable outside of the United States and facilities outside the United States for disabled individuals are limited. It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable of and totally responsible for providing the assistance. Neither Collette nor its personnel, nor its suppliers, may physically lift or assist clients into transportation vehicles. If a traveler thinks he or she might need assistance during a trip, he or she should call Collette to determine what assistance might reasonably be given. Collette cannot provide special individual assistance to tour members with special needs for walking, dining, or other routine activities. Internationally, a great deal of walking may be necessary to fully enjoy the destination. Travelers should be in good health and must be able to walk reasonable distances. In some areas, travelers may be required to walk on uneven ground, cobblestone streets or raised thresholds.

*To request a wheelchair accessible room on a cruise, the traveler or person sharing the room must have a recognized disability that alters a major life function and requires the use of a mobility device and the use of the accessible features provided in the wheelchair accessible stateroom. The cruise company may take appropriate action against someone who has reserved or purchased such a stateroom fraudulently. Action may include but is not limited to removal from the stateroom to a non-accessible accommodation up to denial of boarding.

Reservation # _____

Name: ______

_ Male or Female (circle one)

Are you traveling with a wheelchair? Yes No

If you answer "YES"

- Does your wheelchair collapse? Yes No
- Can you stand and climb steps to board the coach without it? Yes No
- Are you capable of lifting your own wheelchair? Yes No

If you are not capable of lifting your own wheelchair who will provide assistance?

form cannot be processed without the dimensions of your wheelchair: Height _____ Length_____ Width_____ This

Are you traveling with a walker? Yes No

If you answer "YES"

• Does your walker collapse? Yes No

This form cannot be processed without the dimensions of your walker:

Height ______ Length _____ Width _____

Tour Managers and drivers do not provide assistance lifting, pushing or carrying wheelchairs or walkers. Motorized scooters are not permitted on tour.

Are you requesting any hotel room accommodations? Yes No

If "YES" Please indicate if one or more of the following is required in the washroom.

 Walk-in shower 	Yes	No
• Grab bars	Yes	No
 Raised toilet seat 	Yes	No
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Please provide any details in reference to the nature of your request.

Most hotel rooms that can accommodate the request will be equipped with only 1 bed. **Do** you understand and accept? Yes No

Collette cannot guarantee the availability of such rooms as many hotels have a limited number of rooms that are equipped with the above accommodations.

Are you traveling with an oxygen tank? Yes No

If you answer "YES"

- You must contact the airline directly to arrange transportation of the oxygen on the plane. Oxygen requests vary by airline and location and can take up to 2 weeks to request.
- You are responsible for supplying your own electrical cords, and converters as needed.

This form must be remitted within 14 days of receipt for any special needs accommodation request.

Collette cannot provide special individual assistance to tour members with special needs for walking, dining, or other routine activities and motorized scooters are not permitted on tour.

The Americans with Disabilities Act only applies in the United States. Many international destinations cannot accommodate passengers' requests. Collette will make all reasonable efforts to accommodate the special needs of tour participants, but we cannot guarantee that all requests will be honored on international destinations. Collette also regrets that it cannot provide individual assistance to a tour member with special needs for walking, dining, or other special personal needs. It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable and totally responsible for the assistance.

I have read and understand the above:

Signature:	
Print Name:	
Internal Use Only	
Reason:	
Tour:	Reservation #
TS/Group:	
Tour Date:	