CO	llette

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

A deposit of \$698 per person is due upon June 30, 2024 are based upon availability YOUR INFORMATION: Clearly print your full name (first/middle/lag IMPORTANT: In order to avoid any unnece the legal name and be 100% identical to the	n reservation. Reservatior y. Final payment due by Oc st) as it appears on your g ssary change fees, it is impe	overnment iss rative that all gu	Deposits are refundable ued travel documentation est names are entered cor	up until July 07, 2024. on. rectly from the start. The	e information 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 Address:	
Passport Number:	Expiration D	ate: (month/da	y/year)	_Date of Issuance: (m	nonth/day/year)
City, State, Country of Issuance:				_ Citizenship:	
Should you become ill or injured, wh	om should we contact (not traveling	with you):	Phone	e: ()
ROOMING WITH: Check if addres	ss is the same as Passeng	ger #1			
First:	Middle:		Last:		Suffix:
AIR GATEWAY: Departure airport for t Air Seat Request: () Aisle () Windo Collette cannot guarantee your seat prefere Please be advised, when travelling as part of "Federal law forbids carriage of hazardous baggage. A violation can result in 5 years' http://www.tsa.gov/traveler-information/proh TRAVEL PROTECTION: () Yes, I wisl If you choose not to purchase Collette's Waix Fee does not cover any single supplement of supplement will be deducted from the refun covered reasons. See Part B for details.) EXTENSION: I wish to purchase "3-N PLEASE MAKE CHECKS PAYABLE	by () Next To Traveling ence. If you have not purchas of a group, many airlines do r materials such as aerosols, t imprisonment and penalties of ibited-items." In to purchase travel protect ver Insurance Plan, you will in- charges which arise from an d of the person who cancels.	Companion ed air through C not provide seat fireworks, lithium of \$250,000 or m tion \$449 () cur penalties for individual's trave (There is cover	assignments. Preferred se batteries & flammable liqu lore. Details on prohibited No, I decline changes and cancellations. ling companion electing to age under Part B which ind	ating may be available for uids aboard the aircraft in items may be found on T Travel Protection Paymen o cancel for any reason p	or an additional charge. n your checked or carry-on TSA's "prohibited items" web page: nt is due with first deposit. The Waiver rior to departure. The single
Waiver/Insurance Amount: \$. ,	. ,		mount enclosed: \$	
Cardholder Name (if paying by Credit C					
Cardholder Billing Address: Check	,	ove			
Cardholder Phone:					
				vate: M M Y	Υ
SIGNATURE REQUIRED for acceptan	ce of the below conditions	anu agreemei	IL LO CREDIT CARD USE:	Date:	

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: Tropical Costa Rica **GROUP NAME:** American Tours

DEPARTURE DATE: Jan 07, 2025 BOOKING NUMBER: 1217361

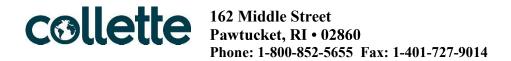
AVAILABLE PREPAID OPTIONS

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.

tation		ddle:La	ast: ssport)	Suffix: (Jr., 9	Nickname:
√		Option			Price Per Person (USD)
	Canopy Adventure				75.00
	Please note: This option must be refundable within 15 days of dep have high blood pressure, back	parture. This adventure is N	OT recommended for		
	Monteverde Hanging Bridges	;			75.00
	Mangrove Kayaking on the C Availability is based on river or s the same time as the Dolphin & only book one of these optional	55.00			
	Dolphin Watching & Snorkel Wildlife sightings are not guaran This tour often runs at the same schedule. Therefore, you can on	teed. Activity is dependent time as the Mangrove Kaya	aking on the Ora River		65.00

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: 121736 DEPARTURE DATE: January 7, 2	1	
Name of Passenger: Salutation: First Name: (Mr., Mrs., Rev.)	Middle Initial: Last Name: Suff (Please print as it appears on Passport)	ĩx: (Jr., Sr.)
Cardholder Name:	nur Credit Card)	
Cardholder Address:(as it appears on your credit of		
Cardholder Phone:		
Credit Card Type:American I	ExpressDiscoverMasterCardVisa	
Credit Card Number:		
Expiration 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.