



TRAVEL DATE: 6/01/2020 TERRITORY: C4
RES#: 785358

Germany's Cultural Cities & the Romantic Road
with Oberammergau Passion Play featuring
Berlin, Hamburg, Marburg, Rothenburg and
Munich

For Reservations Contact: Reverend Ralph Kleiter • 306-244-3747 • kleiter@shaw.ca • Pilgrimjourneys.ca
Ministry To Tourism, 314-619 Saskatchewan Cres W, Saskatoon, SK S7M0A5

A deposit of \$750 per person is due upon reservation. If you purchase our Travel Protection Plan, the deposit is only \$500 per person plus the cost of the insurance. A second deposit is required 1 year prior to departure, in the amount of \$1,500 per person. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of November 05, 2018 are based upon availability. Final payment due by February 02, 2020. Deposits are refundable up until November 05, 2018.

YOUR INFORMATION:

Clearly print your full name (first/middle/last) as it appears on your government issued travel documentation.

IMPORTANT: In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to the ID being used to travel <passport/driver's license> including middle names or suffixes <Jr, Sr>.

First: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: () Male () Female Date of Birth: month _____ day _____ year _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: () _____ Cell: () _____ Email Address: _____

Passport Number: _____ Expiration Date: (dd/mm/yy) _____ Date of Issuance: (dd/mm/yy) _____

City, Province, Country of Issuance: _____ Citizenship: _____

Should you become ill or injured, whom should we contact (not travelling with you): _____ Phone: () _____

ROOMING WITH: Check if address is the same as Passenger #1

First: _____ Middle: _____ Last: _____ Suffix: _____

AIR GATEWAY: Departure airport for this tour: _____

Air Seat Request: () Aisle () Window () Next To Travelling Companion

Collette cannot guarantee your seat preference. If you have not purchased air through Collette and wish to purchase transfers, you must transfer at our pre-scheduled times. Please be advised, when travelling as part of a group, many airlines do not provide seat assignments. Preferred seating may be available for an additional charge.

"Federal law forbids carriage of hazardous materials such as aerosols, fireworks, lithium batteries & flammable liquids aboard the aircraft in your checked or carry-on baggage. A violation can result in 5 years' imprisonment and penalties of \$250,000 or more. Details on prohibited items may be found on TSA's "prohibited items" web page: <http://www.tsa.gov/traveller-information/prohibited-items>."

TRAVEL PROTECTION: () Yes, I wish to purchase travel protection \$550 () No, I decline

If you choose not to purchase Collette's Waiver Insurance Plan, you will incur penalties for changes and cancellations. Travel Protection Payment is due with first deposit. The Waiver Fee does not cover any single supplement charges which arise from an individual's travelling companion electing to cancel for any reason prior to departure. The single supplement will be deducted from the refund of the person who cancels. (There is coverage under Part B which includes a single supplement benefit of \$1,000 for certain covered reasons. See Part B for details.)

ON TOUR ACTIVITIES: Please choose one of the following on tour activities

Please Choose One:

- () Hamburg Shipping Port Cruise
- () Alster Lake Cruise

Please Choose One:

- () Local Bakery - Snowballs
- () Medieval Crime and Punishment Museum

PLEASE MAKE CHEQUES PAYABLE TO: Ministry To Tourism () Cheque () Credit Card

Waiver/Insurance Amount: \$ _____ Deposit Amount: \$ _____ Total amount enclosed: \$ _____

Cardholder Name (if paying by Credit Card): _____

Cardholder Billing Address: Check if address is the same as above _____

Cardholder Phone: _____ Amount: \$ _____

Credit Card Number: _____ Expiration Date: _____ M M Y Y

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

Date: _____

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions. Call for details regarding the full terms and conditions of your purchase.

Important Conditions: Your price is subject to increase prior to the time you make full payment. Your price is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes or fees.