

ALL PASSENGERS MUST SIGN CLASSIC HOLIDAYS OPERATOR-PARTICIPANT CONTRACT

Departure Date _____ Tour Name _____

Tour Name _____ Tour Number _____

Departure City _____ Lead Hotel _____

Enclosed is \$ _____ as deposit or _____ payment in full for _____ persons.

The minimum deposit required is \$300.00 per person **unless otherwise noted**. Final payment is due (60) day's prior to Departure / arrival unless otherwise noted. **Make checks or money orders payable to Classic Holidays**. Due to high credit card costs, If payment is made by credit card a 2% additional charge will apply.

Airlines reserve the right to demand immediate issuance of tickets whenever they determine that necessary.

AIRLINE TICKETS after issuance are NON-REFUNDABLE.

() **Travel Insurance:** Please furnish me with information concerning a policy, which includes trip and Comprehensive Coverage (Health, Accident, Baggage and Trip Cancellation Insurance) You can go directly to www.travelguard.com website or call Classic Holidays 1-800-385-3650. For Group Tours of 10 pax or more () \$239 p.p. or with cancel for any reason with 75% of Non-Refundable trip cost () \$299 p.p.

FULL NAME_(Lead Name) _____ HOME PHONE () _____

STREET _____ BUSINESS PHONE () _____

CITY _____ STATE _____ ZIP _____

I understand that my application is subject to acceptance and confirmation by **CLASSIC HOLIDAYS**. I have read the literature and the **CLASSIC HOLIDAYS Operator - Participant Contract** and I agree to its terms and conditions. I am authorized to act for all passengers listed below.

Last Name / First Name / Middle Name (as it appears on passport)	Date of Birth	US Passport #	Passport Expiration
1(Lead Name) _____	MM. __ DD __ YY ____	_____	_____
2 _____	MM. __ DD __ YY ____	_____	_____
3 _____	MM. __ DD __ YY ____	_____	_____
4 _____	MM. __ DD __ YY ____	_____	_____
5 _____	MM. __ DD __ YY ____	_____	_____
6 _____	MM. __ DD __ YY ____	_____	_____

Signature _____ Date _____

Please fill out this application and sign it. Then either mail it, fax it or email it to us within 7 days of reservation.

Classic Holidays,

2 Parkland Ln & Skyline Dr, Acton, MA 01720
Tel: (978) 207-3060 or (800) 385-3650 Fax: (978) 236-4200
Website: www.classic-holidays.com Email: sales@classic-holidays.com