



TRAVEL DATE: 8/30/2020 TERRITORY: T1
RES#: 832249

Classic Danube River Cruise with
Oberammergau Passion Play featuring a 6-night
Danube River Cruise, Munich, Passau, Vienna,
Bratislava and Budapest

For Reservations Contact: Robin Beard (225) 766.7132 email: robinb@ropakele.com
Ropakele Travel, 6145 Riverbend Blvd, Baton Rouge, LA 70820-5724

A non-refundable 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. Final payment due by May 02, 2020.

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: _____ State: _____ Zip Code: _____

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

Passport Number: _____ Expiration Date: (month/day/year) _____ Date of Issuance: (month/day/year) _____

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

Should you become ill or injured, whom should we contact (not traveling 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 Traveling 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/traveler-information/prohibited-items>."

TRAVEL PROTECTION: () Yes, I wish to purchase travel protection \$500 () 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 traveling 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.)

CABIN PREFERENCE:

Please Number Your Choices from 1 to 4. (1 being your top choice)

() Lower Outside () Middle Outside () Suite () Upper Outside

We will make every effort to accommodate your cabin category preference at the time of booking. It is suggested that you indicate your first, second and third choice of cabin categories. If requested cabin category is not available, the next available category will be offered and the supplemental amount will be added or deducted.

PLEASE MAKE CHECKS PAYABLE TO: Ropakele Travel () Check () 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.