



TRAVEL DATE: 6/07/2020 TERRITORY: M1  
RES#: 822315

Alpine Explorer & the Glacier Express Train with  
Oberammergau Passion Play

**For Reservations Contact:** John Wilson (734) 927-1267 email: john@wfstours.com  
WFS Tours, 51292 Northview, Plymouth, MI 48170

**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 December 27, 2017 are based upon availability. Final payment due by February 08, 2020. Deposits are refundable up until January 03, 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: \_\_\_\_\_ 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.)

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

Please Choose One:

( ) Zermatt Walking Tour

( ) Zermatt Matterhorn Museum

**PLEASE MAKE CHECKS PAYABLE TO:** WFS Tours ( ) 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.