

**For Reservations Contact:** Randy Ross (519)674-2187 email: hughestravel@bell.net  
Hughes Travel, PO Box 1197, 14 Kyle Drive, Ridgeway, ON N0P2C0

A deposit of \$500 per person is due upon reservation. If you purchase our Travel Protection Plan, the deposit is only \$250 per person plus the cost of the Insurance. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of March 12, 2018 are based upon availability. Final payment due by August 18, 2018. Deposits are refundable up until March 19, 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 \$400 ( ) 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**

( ) Jardin Majorelle (Majorelle Gardens)

( ) Marrakech By Horse Drawn Carriage

**PLEASE MAKE CHEQUES PAYABLE TO:** Hughes Travel ( ) 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. See <http://www.gocollette.com/about-collette/terms-and-conditions> for 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.



40 Queen Street South  
Mississauga, ON • L5M 1K3  
Phone: 1-866-358-0333 Fax: 800-438-0080

If paying by credit card, please complete this form and return to Hughes Travel. 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: 842017  
DEPARTURE DATE: October 17, 2018

TOUR: Colours of Morocco  
GROUP NAME: Hughes Travel

Name of Passenger:

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
(Mr., Mrs., Rev.) (Please print as it appears on Passport) (Jr., Sr.)

Cardholder Name: \_\_\_\_\_  
(Please print as it appears on your Credit Card)

Cardholder Address: \_\_\_\_\_  
(as it appears on your credit card statement)

Cardholder Phone: \_\_\_\_\_

Credit Card Type: \_\_\_ American Express \_\_\_ MasterCard \_\_\_ Visa

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:

**Hughes Travel**  
Attn: Randy Ross  
PO Box 1197  
14 Kyle Drive  
Ridgetown, ON N0P2C0

Above credit card information has been called in to Collette.



40 Queen Street South  
 Mississauga ON L5M 1K3  
 Phone: 1-866-358-0333, Fax: 800-438-0080

**TOUR:** Colours of Morocco  
**GROUP NAME:** Hughes Travel

**DEPARTURE DATE:** Oct 17, 2018  
**BOOKING NUMBER:** 842017

### 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.

**PASSENGERS NAME:** (Please submit a separate form for each passenger)

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev.) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

✓	Option	Price Per Person (CAD)
✓	Marrakech by Night	134.00

Please make cheques payable to Hughes Travel and send to:

Hughes Travel  
 Attn: Randy Ross  
 PO Box 1197  
 14 Kyle Drive  
 Ridgetown, ON N0P2C0