



Colonial Heritage Travel Club

6432 Cordelia Road, Williamsburg, VA 23188
757-378-2118 CHTravelClub@gmail.com

Canadian Rocky Mountaineer

Sept 5th to Sept 12th, 2025 - Vancouver to Calgary

Price \$7,725 pp/dbl --- Single Price: Add \$1,899.00

Names (Please Print): _____

Traveling with: _____

Traveling as: Double Single Sharing

For this trip your passport must be valid until **March 13, 2026** Yes Pending Renewal

Gold Leaf Service @ \$1,050.00 pp Yes No

Traveler Protection Plan @ \$569.00 pp Yes No Paying TPP by Credit Card

Check No: _____ Deposit: \$ _____ (\$650.00 pp)

You must complete both pages of the registration form.

Signature: _____

By signing this agreement, I agree to the below stated policies.

DEPOSIT - \$650 PER PERSON Make deposit checks payable to: **Colonial Heritage Travel Club**.
No other payments until 2025. Balance due by CREDIT CARD or Check by **April 15, 2025**.

Please mail or drop off form & check & PASSPORT copy in lock box located at the FRONT door at 6432 Cordelia Road Williamsburg, VA 23188. The Colonial Heritage Clubhouse will no longer accept reservation forms or payments.

REFUND POLICY: \$400 of the deposit for this tour is non-refundable without TPP purchase. We strongly recommend travel insurance for all international trips. Travel Protection Plan is offered by the vendor for **\$569.00 pp**. Please review the full plan details online at www.tripmate.com/wpF431G. TPP payment is required within **5 days** of making your reservation. Please make TPP payment at time of registration.

Vendor Cancellation Charges Without TPP:

121 days or more to departure --- Deposit amount of \$400.00 per person

120 days or less until day of departure or early departure from tour --- 100% of tour cost

No refund on unused portions of tour

TRIP CANCELLATION: The *Travel Club* reserves the right to cancel the trip for any reason. If, in the event that the trip is cancelled by the *Travel Club* due to insufficient interest, the *Travel Club* will refund 100% of payment.

MOTOR COACH POLICY: Smoking, chewing gum, illegal drugs or consumption of alcohol are not permitted on the motor coach. You may store unopened alcohol in the luggage storage area and claim at the conclusion of trip. Due to signing of motor coach contracts and state and federal safety regulations, the *Travel Club* will not assume liability for failure to comply with this policy.

PARKING AT COLONIAL HERITAGE TENNIS COURT LOT: Parking is at your own risk and Colonial Heritage HOA will not be responsible for damage to vehicles or loss of property from vehicle. If possible, please car pool to limit the number of cars parked. Do not park in front of the Tennis Courts.

Tour: _____

Departure Date: _____

Group Name: _____

Group Number: _____



For Reservations Contact: _____

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

YOUR INFORMATION

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

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

ROOMING WITH

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

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: _____ Mayflower Air Writing Own Air

PAYMENT INFORMATION

Make Checks Payable To: _____

Mail Deposit To: **DEPOSITS must be paid to the travel club.**

~~MAXIMUM PAYMENT TO:~~ **FOR TRAVEL INSURANCE ONLY**

PAYMENTS MAY BE MADE BY CREDIT CARD AT TIME OF REGISTRATION **MC, VISA & DISC accepted**

Credit Card #: _____

Security Code: _____ Exp. Date: _____

Cardholder Name & Billing Address: _____

____ Single ____ Twin ____ Guaranteed Share

One Bed Two Beds

Purchasing Travelers Protection Plan:
 Yes No

Deposit Amount: \$ _____

Travel Protection Plan: \$ _____

Total Amount Enclosed: \$ _____

Final Payment Due By: _____