



# Colonial Heritage Travel Club

6432 Cordelia Road, Williamsburg, VA 23188

757-378-2118 [CHTravelClub@gmail.com](mailto:CHTravelClub@gmail.com)

## Portugal Douro River

July 22, 2025 to August 2, 2025 - - - 12 Days - - - Lisbon to Porto

**Cabin A - Horizon Deck Price \$6,965.00 pp/dbl --- Single Price: Add \$4,794.00**

**Cabin C - Vista Deck Price \$6,115.00 pp/dbl --- Single Price: Add \$4,200.00**

**Cabin R - Vista Deck Price \$6,565.00 pp/dbl --- Single Price: Add \$4,349.00**

**Cabin E - Riviera Deck Price \$5,545.00 pp/dbl --- Single Price: Add \$3,800.00**

**Vendor Free Air Promotion ended Dec 31st, 2024 – Call for Vendor Air Pricing.**

Price includes: Cruise, hotel, airport transportation, 23 meals, sightseeing tours, and gratuities.

Names (Please Print): \_\_\_\_\_

Traveling with: \_\_\_\_\_

Traveling as: ☐ Double ☐ Single ☐ Sharing ☐ Guaranteed Share Rate.

For this trip your passport must be valid until **January 31, 2026** ☐ Yes ☐ Pending Renewal

Are you purchasing the vendor travel insurance @ \$569.00 pp? ☐ Yes ☐ No

Did you read the cancellation policy below? ☐ Yes - Initial Here

Check No: \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ (\$500.00 pp) + Insurance: \$ \_\_\_\_\_ (\$569.00 pp) = TOTAL: \$ \_\_\_\_\_

Are you using the vendor air package? ☐ Yes ☐ No

Are you booking your own air and transportation package? ☐ Yes ☐ No

Signature: \_\_\_\_\_

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

**DEPOSIT - \$500.00 per person.** Make deposit checks payable to: **Colonial Heritage Travel Club.**

**PAYMENT SCHEDULE:** Balance is due April 1, 2025

**Please mail or drop off form & check in lock box located at the FRONT door at 6432 Cordelia Road, Williamsburg, VA 23188.**

**REFUND POLICY: \$400 of the deposit for this tour is non-refundable without the vendor's travel insurance package.**

We strongly recommend you purchase travel insurance of your choice, for all international trips.

Travel insurance is offered by the vendor for this trip for \$569 pp. Please review the full plan details online at:

[https://www.chtravelclub.org/files/ugd/2daed6\\_7c47389fcb7a4f1e8e796f0b068bf7de.pdf](https://www.chtravelclub.org/files/ugd/2daed6_7c47389fcb7a4f1e8e796f0b068bf7de.pdf)

Travel Insurance payment is required at time of registration.

**Vendor Cancellation Charges Without Travel Insurance:**

91 days or more days before departure (Before April 22<sup>nd</sup>, 2025) --- Deposit amount of \$400.00 per person

90 to 0 days before departure - - - (Between April 23<sup>rd</sup> and July 22<sup>nd</sup>, 2025) --- 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: Portugal & the Douro River Cruise  
Group Name: Colonial Heritage Travel Club

Departure Date: July 22<sup>nd</sup>, 2025  
Group Number: 1139025



For Reservations Contact:

Colonial Heritage Travel Club  
chtravelclub@gmail.com  
720-579-4573

Deposit Amount: \$ 500.00 per person = \$ \_\_\_\_\_

Travel Protection Plan (TPP):    Yes    No  
TPP for Tour price \$5001 and up = \$569.00 pp \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

Final Payment Due By: APRIL 1, 2025

**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: If Mayflower Air = Dulles International Airport

☐ Mayflower Air ☐ Writing Own Air

PAYMENT INFORMATION

Make Checks Payable to: Colonial Heritage Travel Club  
Mail Deposit To: Drop off form & deposit check in the Travel Club  
mailbox located at the front door at: 6432 Cordelia Rd  
Williamsburg, VA 23188

Make Final Payment To: Colonial Heritage Travel Club  
Mail Final Payment to: Same as above

**\*\*MC, VISA & DISC accepted\*\* For INSURANCE ONLY**

Credit Card #: \_\_\_\_\_  
Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Cardholder Name & Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Single ☐ Twin/Dbl ☐ Guaranteed Share\*

Category Choice: **Horizon or Vista**

**1<sup>st</sup> Choice** \_\_\_\_\_

(example: A-Horizon Suite or C-Vista Suite or R-Vista or E - Emerald)

**2<sup>nd</sup> Choice** \_\_\_\_\_

(example: A-Horizon Suite or C-Vista Suite or R-Vista)

We will make every effort to accommodate your preference of cabin category. All cabins are on a first come first serve basis.

☐ One Bed ☐ Two Beds

\*Mayflower's Guaranteed Share Program is available on Standard Suites and Balcony Suites only.