

Colonial Heritage Travel Club

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

Turkey's Sights and Delights Tour April 14, to April 25, 2024

Tour Cost is \$3,850 pp/dbl or GSR (Guaranteed Share Rate) **Single Price**: Add **\$499** Tour is Limited to 25 guests

Deposit: \$350 per person (\$250 is non-refundable)

Payment Schedule: \$1,000 pp due May 1, 2023; \$1,000 pp due Aug 1, 2023, \$1,000 pp due

Nov 1, 2023, Balance Due on or before Dec 15, 2023

DESCRIPTION: See the famous 'Blue Mosque', Hippodrome and Sunken Palace in Istanbul, discover the treasures in the Topkapi Palace, and enjoy a scenic cruise on the Bosphorus by private boat! Discover amazing ruins in Ephesus, the best-preserved ancient city in Asia Minor and shop for souvenir treasures in the Grand Bazaar. Visit the ancient city of Hierapolis – a UNESCO World Heritage Site. This tour is jam packed with activities.

INCLUDED: 11 days touring, round trip airfare from Dulles International Airport, all airport and hotel ground transfers, fully escorted tours by English speaking Tour Guide, Tour Gratuities and 20 meals: 10 breakfasts and 10 dinners.

ITINERARY:

Day 1 – Flight Washington to Istanbul

Day 2 - Istanbul - kick off Dinner

Day 3 - Istanbul - City Tour

Day 4 – Anakara

Day 5 – Cappadocia

Day 6 – Cappadocia

Day 7 - Konya

Day 8 – Pamukkale

Day 9 – Kusadasi

Day 10 - Canakkale

Day 11 – Istanbul

Day 12 – Flight to Williamsburg





Colonial Heritage Travel Club

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

Turkey's Sights and Delights Tour

April 14, to April 25, 2024

Registration Form (list individual names as they appear on your passport)

Names (Please Print):	
Home Address:	
Home Phone:	Cell Phone:
E-Mail:	
Traveling as:Double	Guaranteed Share Rate (GSR) Single
Check No:	Deposit: \$
DEPOSIT - \$350 PER PERSO	ON Make checks payable to: Colonial Heritage Travel Club
	ravel Club lockbox at 6432 Cordelia Road OR you may mail form and 6432 Cordelia Road, Williamsburg, VA 23188. The Colonial Heritage s or payments.
international trips. Travel Protection Plan (TF \$349 for Single. Please review the full plan of Vendor Cancellation Charges Without TPP: 90 to 45 days prior to departure 44 to 1 day prior to departure 14 to 1 day prior to departure	30% of tour cost
TRIP CANCELLATION: The <i>Travel Club</i> reserve by the <i>Travel Club</i> due to insufficient interest, the	erves the right to cancel the trip for any reason. If, in the event that the trip is cancelled <i>Travel Club</i> will refund 100% of payment.
You may store unopened alcohol in the luggag	g gum, illegal drugs or consumption of alcohol are not permitted on the motor coach, e storage area and claim at the conclusion of trip. Due to signing of motor coach, the <i>Travel Club</i> will not assume liability for failure to comply with this policy.
	NIS COURT LOT: Parking is at your own risk and Colonial Heritage HOA will not be operty from vehicle. If possible, please car pool to limit the number of cars parked. Do
Signature: By signing this agreement, I agree to the about	ove stated policies.

Tour: _		Departure Date:	- Mayflower
Group I	Name:	Group Number:	Mayflower CRUISES & TOURS
For Res	servations Contact:		
	RTANT: Please print your name EXACTLY veeks of making your reservation. Name coresult		
_	Salutation: First: Midd	dle:Last:(Please print EXACTLY as it appears on Passport)	Suffix: Nickname:
TO		City:	
ZMA.		Email Address:	
YOUR INFORMATION	Passport Number:	Date of Issue:	Date of Expiration:
꼰	Issue City, State, Country:	Global Entry/TSA #:	Citizenship:
YOU			
	Emergency Contact: Please provide contact information of	Person not traveling with you.	Phone:
ROOMING WITH	Address: Cell: Phone: Cell: Passport Number: Issue City, State, Country: Date of Birth: Place of Birth:	Relationship:	State: Zip Code: Date of Expiration: Citizenship: Gender:
	Please advise your departure airport for this tou	r:	□ Mayflower Air □ Writing Own Air
PAYMENT INFORMATION	Make Checks Payable To: Mail Deposit To: Mail Deposit To: Mail Final Payment To: Credit Card #: Security Code: Exp. Date Cardholder Name & Billing Address:	Purchasing Travel Protection: Total Amount E	avelers Protection Plan: