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First State Bank, PO Box 50, Mendota, IL 61342

A deposit of \$698 per person is due u October 07, 2023 are based upon avai YOUR INFORMATION: Clearly print your full name (first/middle IMPORTANT: In order to avoid any unner the legal name and be 100% identical to	lability. Final payment due by /last) as it appears on your ge ecessary change fees, it is impe	February 14, 20 overnment issu rative that all gue	124. Deposits are refundal ned travel documentation ast names are entered correct	ble up until October 14, ectly from the start. The ir	2023.
First:	Middle:		Last:		Suffix:
Nickname:	Gender: () Male	() Female	Date of Birth: month	day	year
Address:		City:		State:	Zip Code:
Phone: ()	Cell: ()	Email Address:		
Should you become ill or injured,	whom should we contact (not traveling w	vith you):	Phone:	()
ROOMING WITH: Check if add	ress is the same as Passeng	jer #1			
First:	Middle:		Last:		Suffix:
"Federal law forbids carriage of hazardo baggage. A violation can result in 5 yea http://www.tsa.gov/traveler-information/p TRAVEL PROTECTION: () Yes, I v If you choose not to purchase Collette's W Fee does not cover any single supplement supplement will be deducted from the re covered reasons. See Part B for details. ON TOUR ACTIVITIES: Please cf Please Choose One: () Harbor Cruise to Fort Sumter () Charleston Walking Tour PLEASE MAKE CHECKS PAYABL	rs' imprisonment and penalties of rohibited-items." vish to purchase travel protect /aiver Insurance Plan, you will ind ant charges which arise from an i fund of the person who cancels. hoose one of the following of	of \$250,000 or mo tion \$349 () cur penalties for c individual's trave (There is covera on tour activit	ore. Details on prohibited it No, I decline hanges and cancellations. T ling companion electing to o ge under Part B which inclu ies Please Choose One: () Savannah Trolley (() Savannah Walking	ems may be found on TS ravel Protection Payment cancel for any reason pric ides a single supplement City Tour	A's "prohibited items" web page: is due with first deposit. The Waiver or to departure. The single
Waiver/Insurance Amount: \$	Deposit Am	ount: \$	Total an	nount enclosed: \$	
Cardholder Name (if paying by Cred	it Card):				
Cardholder Billing Address: Che	ck if address is the same as abo	ove			
Cardholder Phone:		Amount: \$			
Credit Card Number:			Expiration Da	te: C	VV:
SIGNATURE REQUIRED for accept	ance of the below conditions	and agreemer		ΜΜΥΥ	
				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.