

TRAVEL DATE: 9/23/2025 TERRITORY: E1

RES#: 1324313

Montana: Exploring Big Sky Country featuring Yellowstone & Glacier National

A non-refundable deposit of \$698 per person is due upon reservation. Reservations are made on a first come, first served basis. Final payment due by June 25, 2025. 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 ______ Middle: _____ Last: _____ Suffix: _____ Nickname: _____ Gender: () Male () Female Date of Birth: month _____ day ____ year ____ ______City: _______ State: ______ Zip Code: ______ Address:) ______ Cell: () _____ Email Address: _____ Phone: (Should you become ill or injured, whom should we contact (not traveling with you): _____ Phone: (**ROOMING WITH:** Check if address is the same as Passenger #1 ____Middle: ________Last: ________Suffix: ______ AIR GATEWAY: Departure airport for this tour: Air Seat Request: () Aisle () Window () Next To Traveling 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 prescheduled 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 "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/traveler-information/prohibited-items." TRAVEL PROTECTION: () Yes, I wish to purchase travel protection \$429 () 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 traveling 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 \$1,500 for certain covered reasons. See Part B for details.) ON TOUR ACTIVITIES: Please choose one of the following on tour activities Please Choose One: Please Choose One: () Glacier Raft Company for Scenic Float) Lewis and Clark Interpretive Center () Glacier Raft Company for WW Rafting) C.M. Russell Art Museum PLEASE MAKE CHECKS PAYABLE TO: New Beginning Tours () Check () 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; \$ SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

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 guaranteed once deposit is received and booking confirmed by Collette. Your price is not subject to increase after the deposit is received and booking confirmed, except for charges resulting from increases in government-imposed taxes or fees.

Date: