

Registration & Credit Card Authorization Form

To Secure Reservation – Please email, text or fax form to tracey@volaretravel.com

text (586-419-7959) - fax (586-263-4221)

Any questions Call Volare Travel ask for Tracey (586-263-4500) or (586-419-7959)

Date: _____ Group - AYC 2021 Class Trip Fiesta Americana Condesa
Commodore Mike Brown and Lady Noella
March 12 – 19, 2022 – All Inclusive Resort

Hotel and Transfer Rate: Per person, based on double occupancy*.

(*Cancun environmental tax not included \$1.50 per night must be paid to hotel directly at the end of your stay.)

Premium Garden View	\$1,198.00 per person*	single supplement + \$658.00
Premium Lagoon View	\$1,338.00 per person*	single supplement + \$738.00
Premium Ocean View	\$1,520.00 per person*	single supplement + \$847.00
Premium Ocean Front	\$1,742.00 per person*	single supplement + \$952.00

DEPOSIT: \$250.00 per person + Travel Insurance if purchased.

FINAL DUE: November 23, 2021

Travel Insurance – Any Reason Cancellation - \$75.00 per person due at time of deposit. Non-refundable
If Delta Airlines airfare is added to your booking at later date no extra cost will be added.

First, Middle and Last Name – MUST be the same as on Passport. Email Form to Secure Reservation

1st Traveler Name: _____ Birthdate: _____
Mailing Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Cell Phone _____ T-Shirt Size _____
Email Address _____

2nd Traveler Name: _____ Birthdate: _____
Mailing Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Cell Phone _____ T-Shirt Size _____
Email Address _____

Choice of Room View & Rate: Double _____ Single: _____
Garden View: _____ Lagoon View: _____ Ocean View: _____ Ocean Front: _____
Travel Insurance: Yes: _____ No: _____

Airfare is not included. When airfare becomes available (mid-April), we will contact you with discounted airfare.

Airfare Request: Coach _____ Delta Comfort _____ Business/First Class _____

I hereby authorize Volare Travel Inc. to bill my credit card. See below for Travel arrangements and deposit amount.

Name on Credit Card: _____

Credit Card Number: (Last 4 #'s) _____ **Expiration Date:** _____ **Security Code** _____

I will call you to get complete credit card numbers.

Address of Card _____

City: _____ **State** _____ **Zip** _____

Signature as it appears on card (s): _____

Amount Deposit \$250.00 per person: _____ **Travel Insurance \$75.00 per person:** _____