

## Reservation & Travel Preference Form

**Jam-Mama Retreat - St. Croix, USVI**  
 June 29, 2006 to July 6, 2006

First Name	Middle Name or Initial	Last Name	Your Age
Street Address			
City		State	Zip Code
Day Phone Number	Evening Phone Number	Fax Number	Email Address

**Yes** **Special Needs:** Do you have any: (1) food allergies or diet restrictions, or (2) a serious medical condition that our Event Coordinator should be made aware? If yes, please provide information below. This information is optional, but strongly recommended.

**No**

*Medical information will be held in strict confidence. This information will help ensure that you have a great trip. And, most importantly, that health facilities, medical specialists (as applicable and available) and contact numbers are identified, and that medical emergencies, if any, are handled to the best of our ability.*

**Payment:** A deposit of at least \$350.00 is due from all travelers as soon as possible, but not later than **February 28, 2006**. Payment of the deposit may be made in small installments before the due date. The balance remaining for the Jam-Mama Retreat is due on or before **April 29, 2006**.

Please enter the amount you are paying today and the method of payment: \$ \_\_\_\_\_

Check     Money Order     Visa  
 Direct Deposit to Bank     MasterCard

I am making a "Reservation Only" and will pay later, *before the deadline*.

Checks or money orders should be made payable to the "Collins Family Retreat" and can be deposited directly into the "Collins Family Retreat" account at Bank of America, or mailed to the address at the bottom of this form. A minimum of \$25.00 will be charged for returned checks and credit card charge backs. Please keep a copy of this form for your records.

Credit Card Information	Air Travel Preferences
Cardholder Name (As shown on card)	<input type="checkbox"/> Please assist in coordinating the purchase of my airline ticket. My travel preferences are noted below:
Billing Address (If different from above)	Full Name of Passenger (If different from above)  Enter your name exactly as it appears on your US Passport or other Government issued picture ID (Driver's License or State ID Card).
Credit Card Number	Name of City that You Prefer to Depart From:
Expiration Date Month:      Year:	<input type="checkbox"/> Fresno <input type="checkbox"/> Oakland <input type="checkbox"/> San Jose <input type="checkbox"/> Los Angeles <input type="checkbox"/> Other
Signature of Cardholder	Departure Date      Return Date      Other Departure City
Traveler's Signature & Certification	
I certify that I have read, understand and agree to the terms and conditions of this travel event, including the Limit of Liability and Hold Harmless Agreement (see back of form). <input type="checkbox"/> Check if applicable: I further agree to all terms and conditions of this travel event on behalf of the minor child named above.  Traveler's Signature or Legal Guardian (If minor child)  Date Signed	Preferred Time for Departure <input type="checkbox"/> AM <input type="checkbox"/> PM
	Preferred Time for Return <input type="checkbox"/> AM <input type="checkbox"/> PM
	Seating Preference <input type="checkbox"/> Window <input type="checkbox"/> Aisle <input type="checkbox"/> Middle
	Special Needs on Airline <input type="checkbox"/> No <input type="checkbox"/> Yes, advise below
Do Not Write in This Section	

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**LIMIT OF LIABILITY AND HOLD HARMLESS AGREEMENT**

As a courtesy, convenience and personal favor to all travelers, members of the Collins Family and friends have volunteered to compile and distribute information, help plan and organize a group trip to St. Croix and other locations in the US Virgin Islands (USVI), and various associated events and activities. Members of the Collins Family and friends are not travel agents or acting as agents for or on behalf of any person or organization, nor are they representatives of the travel industry, and do not earn commissions, fees or other revenue for coordinating this travel event.

The traveler understands and agrees that travel involves the risk of delays, inconveniences, cancellations, thefts, crimes and mechanical problems, as well as the risk of injury or death. Each traveler travels and participates in the Jam-Mama Retreat and activities associated with this travel event at his or her own choice and risk.

It is understood and agreed that the traveler and/or his or her guardian and related parties, by participation in the Jam-Mama Retreat, associated events and activities, including travel to, from and while in the US Virgin Islands, hereby agrees on behalf of themselves and heirs, including minor child(ren) traveling with them, to release and hold the Collins Family and all participating travelers harmless from any and all claims and liability, injury, loss or damage, including but not limited to personal injury, disability and/or death that may be caused by or arise from traveler's participation in the Jam-Mama Retreat and associated events and activities, which are scheduled to begin in November 2005 and end on or about July 6, 2006.

Traveler acknowledges, understands and accepts that the above Limit of Liability and Hold Harmless provision is a legally binding agreement.

**In the event of an emergency please contact the following person:**

(Name someone not traveling with you)

**Name of Emergency Contact**

**Relationship**

**Contact Phone Numbers for Relative or Friend**

Work:

Home:

Other Contact Number:

**Full Address (Street/City/State/Country/Zip Code)**