



CHARTER OPERATOR/PARTICIPANT AGREEMENT

In accordance with Department of Transportation (D.O.T.) regulations, this booking form must be signed and sent with payment at time of booking for passengers traveling on charter air (Exclusive Nonstop Vacation Flights).

Please complete and email this agreement to Charterparticipant@algvacations.com or mail to: Apple Leisure Group Vacations, Attn: Charter Operator/Participant Agreement, 8969 N. Port Washington Rd., Milwaukee WI, 53217

Booking Number _____

First Name _____ Last Name _____

Address _____

City, State, Zip _____ Telephone Number (____) _____

Departure Date _____ Return Date _____

Duration (# of nights) _____

Departure Airport _____ Destination _____

Hotel/Tour Name _____

Cost of trip: \$ _____

Payment covers: Deposit \$ _____ Full Payment \$ _____

Signature _____ Date _____

I (we) have read and I agree to the above terms and conditions forming this Charter Operator/Participant Agreement.