



# 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](mailto:Charterparticipant@algvacations.com) or mail to: ALG 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.