



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: 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.

DONE