



Special Needs Form

This form must be remitted a minimum of **90 days prior to departure** for any special needs accommodation request. If booking within 90 days of departure, please submit your request as quickly as possible.

Please **complete and sign the form** and email it to TravelOperations@collette.com, fax to Travel Operations 401.727.4745, or mail to: Collette, 180 Middle Street, Pawtucket, RI 02860

TRAVELERS NEEDING SPECIAL ASSISTANCE

You must report any disability requiring special attention to Collette at the time the reservation is made.*

Collette will make reasonable efforts to accommodate the special needs of tour participants. Such participants, however, should be aware that the Americans with Disabilities Act is inapplicable outside of the United States and facilities outside the United States for disabled individuals are limited. It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable of and totally responsible for providing the assistance. Neither Collette nor its personnel, nor its suppliers, may physically lift or assist clients into transportation vehicles. If a traveler thinks he or she might need assistance during a trip, he or she should call Collette to determine what assistance might reasonably be given. Collette cannot provide special individual assistance to tour members with special needs for walking, dining or other routine activities. Internationally, a great deal of walking may be necessary to fully enjoy the destination. Travelers should be in good health and must be able to walk reasonable distances. In some areas, travelers may be required to walk on uneven ground, cobblestone streets or raised thresholds.

**To request a wheelchair accessible room on a cruise, the traveler or person sharing the room must have a recognized disability that alters a major life function and requires the use of a mobility device and the use of the accessible features provided in the wheelchair accessible stateroom. The cruise company may take appropriate action against someone who has reserved or purchased such a stateroom fraudulently. Action may include but is not limited to removal from the stateroom to a non-accessible accommodation up to denial of boarding.*

GUEST Name: _____ Reservation Number: _____ Male or Female (circle one)

Please **only** check what applies to your need:

1. Are you bringing a wheelchair? Yes No

If you answer "YES," does your wheelchair collapse? Yes No

a) Can you board the coach without it? Yes No

b) Are you capable of lifting and pushing your own wheelchair? Yes No

If you answered "NO," to (a) or (b), who will provide assistance with your wheelchair?

Please provide the dimensions of your wheelchair _____

5. If you are NOT bringing a mobility device, but still require a handicap accessible room, please indicate the nature of your request.

Please also indicate if one or more of the following is required:

- | | | |
|-------------------------------|-----|----|
| a) Walk-in shower in washroom | Yes | No |
| b) Grab bars in washroom | Yes | No |
| c) Raised toilet seat | Yes | No |

Please provide any other details in reference to the nature of your request. (IE. refrigerator for medication, etc.)

The Americans with Disabilities Act only applies in the United States. Many international destinations cannot accommodate passengers' requests. Collette will make all reasonable efforts to accommodate the special needs of tour participants but it cannot guarantee that all requests will be honored on international destinations.

Collette also regrets that it cannot provide individual assistance to a tour member with special needs for walking, dining or other special personal needs. It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable and totally responsible for the assistance.

I have read and understand the above:

Signature: _____

Print Name: _____

Internal Use Only:

Reason: _____

Tour: _____ Reservation Number _____

TS/Group: _____

Date: _____