



## Special Needs Form

Please complete this form, sign and return it to us as soon as possible.

Email [TravelOperations@collette.com](mailto:TravelOperations@collette.com)

Fax 401.727.4745

Mail Collette: Travel Operations

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.***

Reservation # \_\_\_\_\_

Name: \_\_\_\_\_ Male or Female (circle one)

**Are you traveling with a wheelchair?** Yes No

If you answer "YES"

- Does your wheelchair collapse? Yes No
- Can you stand and climb steps to board the coach without it? Yes No
- Are you capable of lifting your own wheelchair? Yes No

If you are not capable of lifting your own wheelchair who will provide assistance?

\_\_\_\_\_  
This form cannot be processed without the dimensions of your wheelchair:

Height \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

**Are you traveling with a sleep apnea machine?** Yes No

If you answer "YES"

- You must contact the airline directly to determine if they have special requirements for the transportation of sleep apnea machine.
- You are responsible for supplying your own electrical cords and converters as needed.
- Collette is unable to provide distilled water. Your tour manager will be given a copy of this form and will be prepared to advise of the locations where distilled water can be purchased while on tour.

**Are you traveling with an oxygen tank?** Yes No

If you answer "YES"

- You must contact the airline directly to arrange transportation of the oxygen on the plane. Oxygen requests vary by airline and location and can take up to 2 weeks to request.
- You are responsible for supplying your own electrical cords, and converters as needed.

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.

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 we 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 # \_\_\_\_\_

TS/Group: \_\_\_\_\_

Tour Date: \_\_\_\_\_