Reformation Tours Reservation Form



We are delighted that you are joining us! To ensure your place on the tour, please complete this form, using one form per person or per couple, **sign and mail with the deposit of \$350 per person, made payable to "Reformation Tours" and a photocopy of the photo page of your passport** (can be sent later) to P.O. Box 854, Belleville, IL 62220. We suggest you make a copy of this form for your records. Thank you.

Tour Information:

Tour Name:	Israel Tour	Tour Code: RCW16
Tour Host:	Pastor Jason Dees	
Tour Date:	March 29 – April 7, 2016	Jordan Extension: April 7 – 10, 2016
Personal Information	on:	
	First Traveler	Spouse (if traveling)
Title (Mr., Mrs., Rev., etc):		
Legal Passport Name:		
Preferred First Name:		
Male / Female:		
Date of Birth:		
Dietary Restrictions:		
Physical Limitations:		
Baptism in the Jordan?:		
Roommate:	☐ Please find me a roommate (not guaranteed)	☐ I prefer a single room (extra charge)
	☐ I plan to share with:	(no need to list spouse)
Bedding:	☐ Single ☐ Double (1 bed)	☐ Twin (2 beds) ☐ Triple
Contact Informatio	n:	
Mailin v Addung v		
Mailing Address:	City: State:	Zip:
Home Phone:		
Work Phone/s:		
Cell Phone/s:		
E-Mail Address/s:		
Emergency Contact:	Name: Phone:	Relation to you:
Travel Information:		
Flights:	☐ I will arrange my own flights ☐ I need assistance with flights	
Pre-Tour:	☐ I plan to fly to Europe early ☐ I need assistance with pre-tour hotels	
Post-Tour:	☐ I plan to stay in Europe after the group leaves ☐ I need assistance with post-tour hotels	

Passport Information:		
☐ I am enclosing a photocopy of	my passport, which is valid until at least 6	months after the return date.
☐ I am applying for, or renewing	my passport, and I will send a copy of the	photo page when I receive it.
Travel Insurance:		
· · · · · · · · · · · · · · · · · · ·	pe available after this date for late sign-ups	pproximate air cost. Payment is due with the final s. The cost depends on the total cost of the tour.
☐ Please send me a quote for the	e group insurance	
☐ I will arrange my own insuranc	e and make sure that it gives overseas cov	verage
☐ I decline insurance and assum	e any financial loss associated with travel	arrangements
Payments:		
Deposit: The deposit of \$350 per	person is due at the time of reservation wi	th the signed reservation form.
Final Payment: The final paymen	t is due by January 14, 2016. An invoice w	ill be sent one month prior to the due date.
all deposits will be made to passer		nt of cancellation of the trip in its entirety, a full refund of Four price is based on the number of participants, the tice.
	ions must be in writing and the date of pos ply, unless otherwise noted on the tour do	tmark will determine the amount of refund due. The cumentation:
From time of deposit to un	til 100 days before departure (12/20/15):	\$100
From 99-14 days prior to departure (12/21/15 to 3/14/16):		\$350 plus any non refundable deposits
14 days or less prior to de	parture (3/15/16 or later):	No refund
Payment Information:		
If paying by check, please make y a 3% surcharge.	our check payable to "Reformation Tours".	If paying by credit card, please be aware that there is
Credit Card Number:		Security Code:
Visa / MasterCard / Other:	Expiration Date:	
Amount to put on card:	\$ + 3% \$ = \$ __	
Name on the card:		
Billing address for card:		
Signature:	Date:	
Signature/s:		
By my signature below, I acknowle	oplicable to the tour I have registered for. I	ee to the information contained in the reservation form hereby give my consent for Reformation Tours to use