

# Best of Britain Tour Reservation Form



To ensure your place on the tour, please complete this form, using one form per person or couple, then **sign and mail with the deposit of \$150 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 62222. We suggest you make a copy of this form for your records. If you have questions, please call Rowena Drinkhouse at (800) 303-5534 or e-mail [info@ReformationTours.com](mailto:info@ReformationTours.com). Thank you.

## Tour Information:

<b>Tour Name:</b>	Best of Britain Tour	<b>Tour Code:</b> RRM16
<b>Tour Host:</b>	Mrs. McGarrity	
<b>Tour Date:</b>	June 1 – 9, 2016	

## Personal Information:

<b>Legal Passport Name:</b>	First:	Middle:	Last:
<b>Preferred First Name:</b>			
<b>Male / Female:</b>			
<b>Date of Birth:</b>			
<b>Dietary /Medical issues:</b>			
<b>Roommate:</b>	We have triple rooms in London, but you can upgrade to a twin room for \$200 <input type="checkbox"/> I would like to pay the single supplement (\$465) <input type="checkbox"/> I would like to pay the twin supplement (\$200)		

## Contact Information:

<b>Mailing Address:</b>	Street:
	City: State: Zip:
<b>Home Phone:</b>	
<b>Cell Phone/s:</b>	
<b>E-Mail Address/s:</b>	Parent E-mail (for students):
<b>Emergency Contact:</b>	Name: Phone: Relation to you:

## Travel Information:

<b>Flights:</b>	<input type="checkbox"/> I plan to fly with the group from St. Louis	<input type="checkbox"/> I will arrange my own flights
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## Passport Information:

- Reformation Tours already has a copy of my passport from a previous tour.
- 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:

MH Ross Group Advantage Basic travel insurance has been included in the price of the tour with the following coverage. Other options are available at a higher premium.

Group Advantage Protection Plan Benefits	Maximum Benefit
Trip Interruption	\$1,500 Return Air Flight Only
Missed Connection	\$500
Travel Delay (6 Hours or More)	\$100 Per Day / \$500 Maximum
Medical Expense/Emergency Assistance	
Accident & Sickness Medical Expenses	\$25,000
Emergency Medical Evacuation and Repatriation of Remains	\$50,000
Non-Medical Emergency Evacuation	\$25,000
One Call 24-Hour Travel Assistance Service	Included
Baggage and Personal Effects	\$1,000
Baggage Delay (More Than 12 Hours)	\$100

## Payments:

**Deposit:** The non-refundable deposit of \$150 per person is due at the time of reservation with the signed reservation form.

**Second Deposit:** The second deposit of \$1,000 is due no later than January 30, 2016

**Final Payment:** Payments can be made in installments or in one final payment by March 16, 2016.

Tour price is based on the number of participants, the value of the dollar and the cost of airfare and is subject to change without notice.

**Cancellation Policy:** All cancellations must be in writing and the date of postmark will determine the amount of refund due. Airline tickets, once printed, are non-refundable.

## Payment Information:

If paying by check, please make your check payable to "Reformation Tours, LLC". If paying by credit card, please be aware that there is a **3% surcharge**.

<b>Credit Card Number:</b>		<b>Security Code:</b>	
<b>Visa / MasterCard / Other:</b>		<b>Expiration Date:</b>	
<b>Amount to put on card:</b>	\$ _____ + 3% \$ _____ = \$ _____		
<b>Name on the card:</b>			
<b>Billing address for card:</b>			
<b>Signature:</b>		<b>Date:</b>	

## Signature/s:

By my signature below, I acknowledge that I have read, understand and agree to the information contained in the reservation form and the "Terms and Conditions" applicable to the tour I have registered for.

Signature

Date