

# Gettysburg 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 \$100 per person (made payable to "Reformation Tours")** to P.O. Box 854, Belleville, IL 62222. 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>	Gettysburg Tour		
<b>Tour Host:</b>	Mrs. McGarrity and Mrs. Hoerner	<b>Tour Date:</b>	November 8-11, 2016

## Personal Information:

<b>Name:</b>	
<b>Male / Female:</b>	
<b>Date of Birth:</b>	
<b>Roommate:</b>	Students will be staying in multi-occupancy rooms, but upgrades are available:
	<input type="checkbox"/> I would like to pay the double supplement (\$70) and share with:

## Contact Information:

<b>Mailing Address:</b>	Street:
	City: State: Zip:
<b>Home Phone:</b>	
<b>Student Cell Phone:</b>	
<b>E-Mail Address:</b>	

## Parent / Guardian Information:

<b>Parent / Guardian Name:</b>	
<b>Relationship:</b>	
<b>Phone:</b>	
<b>E-Mail Address:</b>	

## Health Information:

<b>Dietary Issues:</b>	
<b>Medical Concerns:</b>	
<b>Physician:</b>	<b>Physician's phone:</b>

## Emergency Treatment Release Statement:

\_\_\_ I hereby authorize the Belleville East staff and/or any licensed physician, Emergency Medical Technician or other qualified hospital personnel to render medical treatment, and dispense medications to my son/daughter which, in their judgment, are necessary in the event of illness or injury.

## Medical permission:

\_\_\_ I give permission for my child to receive over-the-counter-medication/s during the trip for non-emergency complaints. I understand that the Belleville East staff is not responsible for any reaction that may occur as a result of my child's taking this OTC medication. I signify my approval to administer these medications based on need & staff judgment.

My child may NOT be given the following medications: \_\_\_\_\_

## Alcohol:

\_\_\_ I understand that the consumption of alcohol is strictly forbidden. Any student caught with alcohol will be sent home immediately at our expense.

## Payments:

**Deposit:** The non-refundable deposit of \$100 per person is due by May 15, 2016 with the signed reservation form.

**Final Payment:** The final payment of \$220 is due by September 1, 2016.

## 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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date