

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 62222. We suggest you make a copy of this form for your records. Thank you.

Tour Information:

| | | | |
|-------------------|--|-------------------|-------|
| Tour Name: | Future & Past: Church Planting & Presbyterian Heritage | Tour Code: | RBB18 |
| Tour Host: | Dr. Case Thorpe | | |
| Tour Date: | May 11-22, 2018 | | |

Personal Information:

| | 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: | | |
| Roommate: | <input type="checkbox"/> Please find me a roommate (not guaranteed) <input type="checkbox"/> I prefer a single room (extra charge) | |
| | <input type="checkbox"/> I plan to share with: _____ (no need to list spouse) | |
| Bedding: | <input type="checkbox"/> Single <input type="checkbox"/> Double (1 bed) <input type="checkbox"/> Twin (2 beds) <input type="checkbox"/> Triple | |

Contact Information:

| | | | |
|---------------------------|---------|--------|------------------|
| Mailing Address: | Street: | | |
| | 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: | <input type="checkbox"/> I will arrange my own flights <input type="checkbox"/> I need help with flights |
| Pre-Tour: | <input type="checkbox"/> I plan to fly to Europe early <input type="checkbox"/> I need assistance with pre-tour hotels |
| Post-Tour: | <input type="checkbox"/> I plan to stay in Europe after the group leaves <input type="checkbox"/> 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:

Please contact Becky Brown for insurance information at Go Travel, 344 W Fairbanks Ave, Winter Park FL 32789
Tel: (407) 421-3555. E-mail: bekyb@gotravel.com

Payments:

Deposit: The deposit of \$350 per person is due at the time of reservation with the signed reservation form.

Final Payment: The final payment is due by February 25, 2018. An invoice will be sent one month prior to the due date. We reserve the right to cancel this trip due to lack of subscription. In the event of cancellation of the trip in its entirety, a full refund of all deposits will be made to passengers enrolled at the time of cancellation. 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. The following cancellation penalties apply, unless otherwise noted on the tour documentation:

| | |
|--|---|
| From time of deposit to until 100 days before departure (1/31/18): | \$100 |
| From 99-15 days prior to departure (2/1/18 – 4/26/18): | \$350 plus any non refundable deposits |
| 14 days or less prior to departure (4/27/18 or later): | No refund |

Payment Information:

If paying by check, please make your check payable to "Reformation Tours". If paying by credit card, please be aware that there is a **3.5% surcharge**.

| | | | |
|-----------------------------------|----------|-------------------------|------------|
| Credit Card Number: | | Security Code: | |
| Visa / MasterCard / Other: | | Expiration Date: | |
| Amount to put on card: | \$ _____ | + 3.5% \$ _____ | = \$ _____ |
| Name on the card: | | | |
| Billing address for card: | | | |
| Signature: | | Date: | |

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. I hereby give my consent for Reformation Tours to use photographs of this tour in its publications, including its website.

Signature of First Passenger

Date

Signature of Second Passenger

Date