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:

l our Name:	Scotland Reformation Four with	20scnemes	Tour Code: RSD19			
Tour Host:	Dr. Matthew Spandler-Davison					
Tour Date:	March 29 – April 5, 2019					
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:						
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 (1 person) ☐ Double	e (2 people/1 bed)	☐ Twin (2 people/2 beds) ☐ Triple (with a child)			
Contact Informatio	n:					
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:	☐ I will arrange my own flights	☐ I need help w	vith flights			
Pre-Tour:	☐ I plan to fly to Europe early ☐ I need assistance with pre-tour hotels					
Post-Tour:	☐ I plan to stav 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 m	nonths after the return date.
☐ I am applying for, or renewing	my passport, and I will send a copy of the pl	hoto page when I receive it.
Travel Insurance:		
and you are welcome to upgrade upgrade below. To calculate the company to the company of the com	to cover the full tour premium. This will be	Company. We include \$500 coverage in your tour price automatically added to your invoice if you request the ost - \$500) x 6.14%. Coverage details can be accessed ader the "Resources" drop-down menu.
☐ I would like to upgrade to cover	the full cost of the tour.	
☐ I would like to upgrade to cover	the land cost of the tour. I have my own flig	ht insurance.
Payments:		
Deposit: The deposit of \$350 per	person is due at the time of reservation with	the signed reservation form.
to cancel this trip due to lack of si	ubscription. In the event of cancellation of the time of cancellation. Tour price is based	the will be sent in December 2018. We reserve the right the trip in its entirety, a full refund of all deposits will be don the number of participants, the value of the dollar
	ations must be in writing and the date of poply, unless otherwise noted on the tour doct	ostmark will determine the amount of refund due. The umentation:
From time of deposit to un	til 100 days before departure (12/19/18):	\$100
From 99-15 days prior to d	leparture (12/20/18 to 3/14/19):	\$350 plus any non refundable deposits
14 days or less prior to departure (3/15/19 or later):		No refund
Payment Information:		
If paying by check, please make y a 3.5% 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:	\$ + 3.5% \$ = \$	
Name on the card:	<u> </u>	
Billing address for card:		
Signature:		Date:
C'		

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