## **Mayflower 400 Tours Reservation Form**

## Mayflower 400 Tours

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"** (our main company) to P.O. Box 854, Belleville, IL 62222. We suggest you make a copy of this form for your records. Thank you.

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Tour Name:	Mayflower Heritage Trail		Tour Code: MMT20			
Tour Date:	September 16-27, 2020					
Personal Information:						
Title (Man. Man. Days ata)	First Traveler	Sp	ouse (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 guar	anteed) 🔲 I prefer a single	e room (extra charge)			
	☐ I plan to share with:	(r	no need to list spouse)			
Bedding:	☐ Single (1 person) ☐ Double (2 peopl	e/1 bed) 🗖 Twin (2 people	s/2 beds) Triple (with a child)			
Contact Information	n:					
Mailing Address:	Street: City: St	ate: Zip				
Home Phone:	Oity.	<u> 219</u>				
Work Phone/s:						
Cell Phone/s:						
E-Mail Address/s:						
Emergency Contact:	Name: F	Phone:	Relation to you:			
Travel Information:						
Flights:	☐ I will arrange my own flights ☐ I need help 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					

sport, which is valid until at least 6	months after the return date.
port, and I will send a copy of the	photo page when I receive it.
r the full tour premium. This will be e tour insurance: (land cost + air o	Company. We include \$500 coverage in your tour price automatically added to your invoice if you request the cost - \$500) x 6.14%. Coverage details can be accessed ace tab under the "Resources" drop-down menu
cost of the tour.	
I cost of the tour. I have my own fli	ght insurance.
s due at the time of reservation with	th the signed reservation form.
event of cancellation of the trip in	vill be sent in June 2020. We reserve the right to cance in its entirety, a full refund of all deposits will be made to a number of participants, the value of the dollar and the
ust be in writing and the date of personal states of personal states and the tour documents.	postmark will determine the amount of refund due. The cumentation:
ays before departure (6/8/20):	\$100
e (6/9/20 – 9/1/20):	\$350 plus any non-refundable deposits
14 days or less prior to departure (9/2/20 or later):	
ck payable to "Reformation Tours"	. If paying by credit card, please be aware that there is
	0
	Security Code:
	Expiration Date:
+ 3.5% \$ = \$	
· <del></del>	
	Date:
	ight, a division of Arch Insurance the full tour premium. This will be et our insurance: (land cost + air com by selecting the "Insurancest of the tour.  I cost of the tour.  I cost of the tour. I have my own flists due at the time of reservation will by July 3, 2020. A final invoice we event of cancellation of the trip in lation. Tour price is based on the hout notice.  Let be in writing and the date of places otherwise noted on the tour downs before departure (6/8/20):  Expression (6/9/20 – 9/1/20):  Expression (9/2/20) or later):  Expression (1) will send a copy of the place of the first of th

## 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 Passenge	nature of F	rst Passe	nge
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