

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:	September Scottish Presbyterian Tour	Tour Code:	STS20
Tour Date:	September 5 – 15, 2020		

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 (1 person) <input type="checkbox"/> Double (2 people/1 bed) <input type="checkbox"/> Twin (2 people/2 beds)	

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 join the group 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:

