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: | Spring in Paris: Food, Art & Culture | Tour Code: REB21 | | |
|-------------------------------|---|--------------------------|--|--|
| Tour Hosts: | Dr. Debbie Mann | | | |
| Tour Date: | June 13-19, 2021 | | | |
| Personal Information: | | | | |
| T(1. (14. 14. D) | 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 (2 people/1 bed) ☐ Twin (2 people/2 beds) | | | |
| Contact Information: | | | | |
| | Street: | | | |
| Mailing Address: | City: State: | Zip: | | |
| Home Phone: | | | | |
| Cell Phone/s: | | | | |
| E-Mail Address/s: | | | | |
| Emergency Contact: | Name: Phone: | Relation to you: | | |
| Travel Information: | | | | |
| Flights: | ☐ I will join the group 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 | | | |

| Passport Information: | | | | |
|--|--|--|--|--|
| ☐ I am enclosing a photocopy of | my passport, which is valid until at least 6 | 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: | | | | |
| We offer travel insurance through RoamRight, a division of Arch Insurance Company. We include \$500 coverage in your tour price and you are welcome to upgrade to cover the full tour premium. This will be automatically added to your invoice if you request the upgrade below. To calculate the cost of the tour insurance: (land cost + air cost - \$500) x 6.14%. Coverage details can be accessed on our website: www.reformationtours.com by selecting the "Insurance" tab under the "Resources" drop-down menu. | | | | |
| ☐ I would like to upgrade to cover | the full cost of the tour. | | | |
| ☐ I decline the pre-tour cancellation | on insurance. | | | |
| Payments: | | | | |
| Deposit: The deposit of \$350 per | person is due at the time of reservation w | rith the signed reservation form. | | |
| cancel this trip due to lack of sub | oscription. In the event of cancellation of he time of cancellation. Tour price is bas | ce will be sent in February 2021. We reserve the right to the trip in its entirety, a full refund of all deposits will be sed on the number of participants, the value of the dollar | | |
| | ations must be in writing and the date of oply, unless otherwise noted on the tour do | postmark will determine the amount of refund due. The ocumentation: | | |
| From time of deposit to until 100 days before departure (3/5/21): | | \$100 | | |
| From 99-15 days prior to departure (3/6/21 to 5/29/21): | | \$350 plus any non-refundable deposits | | |
| 14 days or less prior to departure (5/30/21 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% \$ = 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.