



PO Box 268 • Morgantown, PA 19543
Phone 800.322.0788 • 610.286.0788

Deposit: Your reservation will be confirmed upon receipt of your deposit. \$300.00 for international air tours, and \$500.00 for cruise tours.

Note: All prices are based on international exchange rates, which are subject to change.

Final Payment: Your balance is due 60 days prior to departure.

Cancellation & Travel Protection: A cancellation fee of \$100 is imposed.. After final payment is received, the amount refunded is based on penalties imposed by airlines, hotels, etc. Pilgrim Tours recommends that you consider trip cancellation and interruption insurance. Pilgrim offers optional insurance coverage as noted on the back of our itineraries.

Responsibility: Pilgrim Tours & Travel is the principle and is responsible for the arrangements and services described in their brochures. Pilgrim Tours & Travel, its employees and agents cannot be held responsible, in the absence of their own gross neglect, for events over which they have no control, nor for acts and omissions by persons, companies or agencies, including hotels, airlines, restaurants, sea and land transportation companies, which are not directly controlled by Pilgrim Tours & Travel. Non U. S. Citizens are responsible to fulfill appropriate entry requirements of destination country. Contact the local Consulate for information.

Please complete the reservation form and return it with your payment to Pilgrim Tours, PO Box 268, Morgantown, PA, 19543

Israel International Reservation Form - Please Print

Tour Name: Cost per person: \$
Date of Tour: # of Persons Departure City:
Deposit (per person) : X (# of travelers) = \$
Cost of Insurance (per person) : \$ X (# of travelers) = \$
Total Enclosed = \$ If Cruise - Cabin Category
Check Mastercard Visa American Express Credit Card # Exp. Date
Name on Credit Card

FIRST PASSENGER
Full Name (as it appears on passport)
Passport Number:
Issuing country of passport or travel document
Date of birth, (M/D/Y) Male Female
Your Street Address
City State
Zip Phone No.
Emergency Contact not traveling
Name:
Phone:
Name of Roommate (if on separate form)

SECOND PASSENGER (IF PAYMENT ON THIS FORM)
Full Name (as it appears on passport)
Passport Number:
Issuing country of passport or travel document
Date of birth, (M/D/Y) Male Female
Your Street Address
City State
Zip Phone No.
Emergency Contact not traveling
Name:
Phone:

I decline the insurance offered by Pilgrim and understand the cancellation policy. I may purchase insurance from another source. Insurance premium should be paid at time of deposit. I also have read and understand Pilgrim Tours' Terms and Conditions and will comply with the policies as stated.

Signature Required (First Passenger)

Signature Required (Second Passenger)