



www.pilgrimtours.com

PO Box 268 • Morgantown, PA 19543  
Phone 800.322.0788 • 610.286.0788  
Quality Tours Since 1987

**Deposit:** Your reservation will be confirmed upon receipt of the \$200.00 per person deposit.

**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:** Initial deposit is refundable up to 90 days from departure. 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.

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

## Domestic Travel Reservation Form - Please Print

Tour Name:	Cost per person:			
Date of Tour:	# of Persons	If Cruise - Cabin Category		
Full Name				
Name of Traveling Companion (if paying separately)				
Your Address	City	State	Zip	
Phone No.				
Deposit (per person)	X	(# of travelers) = \$		
Cost of Insurance (per person) \$	X	(# of travelers) = \$		
Total Enclosed = \$				
<input type="checkbox"/> Check	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	Credit Card #
				Exp. Date

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 understand and agree with the above terms and conditions and will comply with the policies as stated.*

**Signature Required**