Classic Pilgrimages Reservation Form

Tour Name _____ Departure Date _____

US Departure Airport _____

Passenger Name (as it appears on the passport) First / Middle / Last - Title: Mr / Mrs / Ms / Rev / Sr

1. _____

2. _____

Use Additional Forms for more passengers

Home Phone: ( ) Fax: ( ) E-mail: _____

Street: _____

_____

City _____ State _____ Zip_____

Deposit: $ _____ per person X ___ = $ _____
(if paying by credit card, please complete and enclose credit card form)

Accommodations: Single _____ Twin _____ Double_____ Triple _____

Travel Insurance: _____ per person X _____ = $_____

❑ Included ❑ Bill with Final Invoice ❑ I (we) Decline

Signature: 1._____

2._____

Passenger Passport Information

Please complete the following form with your passport information. Print clearly please. A separate sheet may be used for additional names as necessary. **Classic Pilgrimages** must have the completed forms before airline tickets and tour documents can be released.

Passenger # 1

Name: _____

Date of Birth:_____

Citizenship: _____

Passport #:_____

Date & Place of Issue:_____

Passenger # 2

Name:_____

Date of Birth:_____

Citizenship: _____

Passport #: _____

Date & Place of Issue_____\

___ I have read and understood all terms and conditions including the terms of cancellation policies which may be reviewed at www.classic-pilgrimages.com/terms.asp. My payment and signature below constitute acceptance of those terms.

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