



International Reservation Form - Please Print

Please complete the reservation form and return it with your payment (payable to "Pilgrim Tours") to: PO Box 268, Morgantown, PA, 19543.

Tour Name: E.L. Warren Ministries - 22T281 Cost per person: \$49.99.00\* Attn. Pilgrim Agent: Jessica Leinbach
Date of Tour: September 7 - 18, 2024 # of Persons: (If payment is paid in full via cash/check, the cost of the trip is \$4,850.00)
Departure City: Chicago No Air (land package only) Other:
Deposit (per person): \$500.00 X (# of travelers) = \$ Total Enclosed = \$
Travel Insurance: Horizon Plan: 7.6% of tour cost Unforeseen Reasons Plan: 10.25% of tour cost No Travel Insurance
Payment Method: Check Mastercard Visa Discover
Credit Card # (Additional 3% nonrefundable) Security Code (3 digits, back of card) Exp. Date
Name on Credit Card Chg. Signature
Address on Credit Card if different from below:

Please Print Carefully! Inaccurate information will result in travel delays and/or airline change fees.

I attest that the name(s) provided below, including middle name(s), is as it appears on my current/future passport and understand that a minimum \$100 per person name change fee will be incurred if incorrect.

FIRST PASSENGER SECOND PASSENGER (IF PAYMENT ON THIS FORM)
First/Middle (as it appears on passport) First/Middle (as it appears on passport)
Last (as it appears on passport) Last (as it appears on passport)
Tour Badge Nickname Tour Badge Nickname
Passport #\*\*\* Passport #\*\*\*
Issuing country of passport Issuing country of passport
Passport Issue Date (M/D/Y) / / Passport Issue Date (M/D/Y) / /
Expiration Date (M/D/Y) / / Expiration Date (M/D/Y) / /
Date of birth (M/D/Y) / / Male Female Date of birth (M/D/Y) / / Male Female
P.O. Box P.O. Box
Street Address Street Address
City State City State
Postal Code Phone # Postal Code Phone #
Email Email

Name of Roommate(s) (If on separate form) (Single supplement of \$850.00 added to final invoice if no roommate listed.)

Room (check one): Single (1 bed) Double (1 bed, 2 people) Twin (2 beds, 2 people) Triple (3 beds)

Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.

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Emergency contact not travelling:
Phone
Name

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Phone
Name

My signature below verifies that I understand that I may purchase travel protection insurance from Pilgrim or from another source. (For insurance information, please refer to the back of this form).

My signature below also verifies I understand and agree to Pilgrim Tours' Terms and Conditions as stated on the brochure and reverse side of this form. All payment receipts sent via email. Please check box to request hard copies of receipts mailed to address above.

Signature Required (First Passenger)

Signature Required (Second Passenger)

\*Price per person based on double occupancy.

\*\*Horizon Plan can be purchased on or at final payment date. Unforeseen Reasons Plan must be purchased on date of reservation.

\*\*\*If you are waiting for an updated passport number please provide this as soon as you receive it.