

## SOMEDAY TRAVEL

### TRIP SUMMARY FORM

#### Germany's Magical Bavaria & Switzerland's Alpine Splendor

September 6-16, 2017

*(\$4,498.00 double occupancy – Hotel Single supplement additional \$535.00)*

**One form must be completed by each separate single traveler.**

**One form must be completed by each couple.**

**Please mail to Valerie and Wayne Graczyk, PO Box 1454 Fond du Lac, WI. 54936-1454. Thank you!**

#### **PLEASE PRINT CLEARLY:**

Mr/Mrs/Ms \_\_\_\_\_  
Last name(s) First name(s)

Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

I have had an annual physical and to my knowledge am able to travel. **Yes** \_\_\_\_ **No** \_\_\_\_

#### **EMERGENCY CONTACT**

What is the name and pertinent information for an emergency contact person who is not on the trip while you are traveling with us (Should be the same name as you put on the Pilgrim Reservation Form):

Name \_\_\_\_\_ Phone \_\_\_\_\_

**ROOM MATE:**

- \_\_\_\_ I do not presently have a roommate but **if one is available, I would like to be matched.**
- \_\_\_\_ I wish to have my own room (extra \$ for single supplement)
- \_\_\_\_ My roommate is \_\_\_\_\_
- \_\_\_\_ My spouse is my roommate

**PLEASE SIGN TO CONFIRM YOU HAVE READ AND UNDERSTAND. FOR COUPLES, ONE PERSON IS SIGNING FOR THE OTHER SO BOTH DON'T NEED TO INITIAL:**

\*I/WE have purchased Trip Cancellation and Medical Insurance . **Yes** \_\_\_\_ (initial)

\*I/WE have read/understand the Pre-existing Condition clause in all insurance. **Yes** \_\_\_\_ (initial)

\*I/WE have read and understand the cancellation policy and that there is a \$100 non-refundable fee with submission of the Pilgrim Tour Reservation Form. **Yes** \_\_\_\_ (initial)

\*I/WE have signed and submitted the Hold Harmless Forms (2 for couples). **Yes** \_\_\_\_ (initial)

\*I/WE have read and understand the Terms and Conditions as printed on the Reservation Form and on the brochure (payments, current exchange rate, airline gas/taxes, etc.)

\_\_\_\_\_  
Traveler's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Traveler's Signature Date \_\_\_\_\_

Thank you! If you have any questions please do not hesitate to contact Valerie Graczyk at 920-539-0195 or Wayne at 920-539-0085.

A trip itinerary can be found at [www.somedaytravel.com](http://www.somedaytravel.com) or by calling either Valerie or Wayne.