

SOMEDAY TRAVEL

TRIP SUMMARY FORM

IRELAND

May 12-22, 2025

**One form must be completed by each separate single traveler OR
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 so **if one is available, I would like to be matched if compatible.**
- I wish to have a single room (extra \$1,240.00 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 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 understand the insurance deposit is non-refundable. **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.)

_____ Date _____
Traveler's Signature

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 or by calling either Valerie or Wayne.