

RESERVATION FORM

SIDE 1 • PLEASE PRINT OR TYPE

HOW TO BOOK YOUR TRIP

Complete this reservation form, using one form per person. Couples may use one form only.

Please print or type, and complete both sides of this form. Indicate your program and departure date choices, as well as the city from which you would like to fly. **Sign your form**, and keep a copy for your records.

Enclose a \$350 per person deposit in U.S. dollars made payable to: LutherTours. You may use a personal check, money order, certified check, or credit card.

To pay by credit card (VISA, MasterCard, Discover, or AMEX), please complete and sign the credit card section on the reservation form.

Mail your reservation form and deposit to:

LutherTours
P.O. Box 15126
Newport Beach, CA 92659

Or if you are charging your deposit to a credit card, you can **fax your reservation form** (both sides), to us at: (949) 548-8974.

A: PERSONAL INFORMATION

NAME (FULL NAME, EXACTLY AS GIVEN IN PASSPORT):

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

SPOUSE OR OTHERS (ONLY IF TRAVELLING)

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

Do you have any special health considerations?

B: ADDRESS INFORMATION

PERSONAL MAILING ADDRESS

STREET ADDRESS

CITY/STATE

ZIP/POSTAL CODE _____ AREA CODE-PHONE () _____

AREA CODE-BUSINESS PHONE () _____

E-MAIL

CHURCH MAILING ADDRESS

NAME OF CHURCH

STREET ADDRESS

CITY/STATE

ZIP/POSTAL CODE _____ AREA CODE-PHONE () _____

PASTOR

WAIVER OF LIABILITY - READ CAREFULLY

Travel involves inherent risks, which could cause bodily injury or financial damages, from illness, accident, negligence, delay, deficient accommodations, food, or travel services, lost property, and other causes. If you elect to purchase the travel insurance offered by the trip sponsors, listed above, or other travel insurance, these risks will be covered in part. **By signing this document, you agree that you have been informed about travel risks, are being given the right to purchase travel insurance as part of this tour, and you assume all travel risks and agree to waive any and all claims for damages not covered by travel insurance**, against LutherTours and related sponsor organizations, including Radio Station KFUO, The Lutheran Church - Missouri Synod (a Missouri not-for-profit religious organization), its districts, congregations, subsidiaries, subdivisions, or affiliates, and any and all of their officers, directors, trustees, employees, contractors, agents, servants, volunteers, parents, successors, and assigns, on behalf of yourself and your relatives, heirs and assigns.

Space Reserved for Office Use Only:

C: TOUR CHOICE

TOUR NAME

HOST (IF KNOWN)

TOUR DATE

ALTERNATE DATE (if requested date is not available)

MONTH _____ DAY _____

D: ROOMMATE(S), if any

FIRST NAME _____ LAST NAME _____

FIRST NAME _____ LAST NAME _____

Each roommate or travelling companion must submit his or her own reservation form.

I wish a single room/cabin and supplement

I wish to have a roommate: (Subject to Availability) (In the event no suitable roommate is found, I will accept the single supplement).

LUTHER TOURS

P.O. Box 15126
Newport Beach, CA 92659
(888) 458-8486

ALSO COMPLETE THE SECOND SIDE • ENCLOSE A \$350 PER PERSON DEPOSIT

RESERVATION FORM

SIDE 2 • PLEASE PRINT OR TYPE

E: FLIGHT CHOICE

PLEASE BOOK MY FLIGHTS FROM:

CITY _____ STATE _____

FIRST CHOICE _____

SECOND CHOICE _____

THIRD CHOICE _____

SPECIAL SEAT AND MEAL REQUESTS, IF ANY:

Check this box if you plan to arrange your own flights to and from Europe.
LutherTours MUST be advised of your flight schedule 30 days prior to departure.

F: DEPOSIT PAYMENT

(Enclose your \$350⁰⁰ (US) per person deposit by check, money order or credit card; see the first side of this form for details on enclosing your deposit).

BY CHECK OR MONEY ORDER (made payable to: LUTHERTOURS TRUST):

- I am enclosing a check or money order for my \$350⁰⁰ deposit per person.
 Also included is my \$ _____ per person insurance premium.

BY CREDIT CARD:

- I have completed the section below to charge my \$350⁰⁰ deposit per person.
 Also charge \$ _____ per person insurance premium.
 VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER NAME _____

SIGNATURE _____ TOTAL DEPOSIT \$ _____

Please read the following information and conditions carefully and sign on the bottom of the page. If you have any questions, please be sure to ask before completing and signing the form.

CANCELLATIONS

At the time we receive written notice that you must cancel your tour, the following fee will apply:

90 days or more before departure \$150.00
89 to 60 days before departure \$350.00
59 to 16 days before departure 50% of the total package price
15 days or less, prior to departure NO REFUND

** Special cancellation policies may apply if a cruise is included in your tour.

OPTIONAL PRE-TOUR AND POST-TOUR TRAVEL ARRANGEMENTS

- Requests for pre- and post-tour arrangements MUST be sent separately and in writing to LutherTours. Provide dates, cities and all pertinent information with your request. A LutherTours consultant will contact you after availability and cost have been determined, for your approval.
- Dates are subject to availability. If the dates you requested are not available, we will try to book one day before or one day after the date requested.
- Hotel accommodations are usually reserved in the same hotels the group will be using, subject to availability. In the event the dates are not available, a hotel of same category will be selected, in a convenient location.
- A fee of \$75 will be charged for any deviations from the group flight. Penalties imposed by the airlines for changes made after the tickets are issued will be the responsibility of the passenger. Some airlines allow a deviation only on the return. Most group tickets are non-refundable once issued.

LAND ONLY PACKAGES

If you are making your own air arrangements, please be advised that it will be your responsibility to meet the group at the airport as they exit customs, or at the hotel where your group is staying. Any airport transfers required other than those provided for the air-inclusive tour members will be your responsibility. LutherTours MUST be advised of your flight schedule 30 days prior to departure.

H: SIGNATURE

By my signature below, I acknowledge that I have read, understand and agree to the information contained in the reservation form and the "Terms and Conditions" applicable to the Tour I have registered for.

X _____
Signature _____ Date _____

TRAVEL INSURANCE

The plan includes the following coverage and limits of benefits:

- Trip Cancellation/Trip Interruption Protection Up to the total Trip cost
(Only in the event that you are prevented from taking your trip due to injury, sickness or death of yourself, an immediate family member or a traveling companion)
- Trip Delay \$ 500.00
- Baggage and Travel Documents \$ 1,000.00
- Baggage Delay \$ 100.00
- Medical Expense \$10,000.00
- Emergency Medical Transportation \$20,000.00
- Accidental Death & Dismemberment \$25,000.00

Conditions and Limitations. Certain exclusions and limitations apply to the travel protection plan. They are detailed in the Description of Coverage brochure which you will receive together with the registration form of your trip. Please review this document carefully and if you have any question related to the travel protection plan please call the Plan Administrator at (888) 826-1300.

PREMIUM PER PERSON (varies according to total trip cost)

- Trips between \$1,000.00 to \$1,500.00 \$ 90.00
- Trips between \$1,501.00 to \$2,000.00 \$125.00
- Trips between \$2,001.00 to \$2,500.00 \$159.00
- Trips between \$2,501.00 to \$3,000.00 \$194.00
- Trips between \$3,001.00 to \$3,500.00 \$228.00
- Trips between \$3,501.00 to \$4,000.00 \$262.00
- Trips between \$4,001.00 to \$4,500.00 \$297.00

Refer to product #007715

LutherTours strongly recommends the above Trip Cancellation/Trip Interruption program that is designed to protect you against non-refundable money, as described above. Please indicate your choice by checking one of the boxes below and include the appropriate premium payment with your deposit for immediate protection.

- I Accept I Decline