

SOMEDAY TRAVEL

TRIP SUMMARY FORM

CROATIA/BOSNIA

September 9-20, 2024

\$6,198.00 per person based on double occupancy

\$950.00 Single Supplement

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 at PO Box 1454 Fond du Lac, WI. 54936-1454. Thank you!

PLEASE PRINT CLEARLY:

Mr/Mrs/Ms/Miss

_____ (First) (Middle) (Last)

Cell Phone () _____

Other Phone () _____

Home Address _____ City _____

State _____ Zip _____ Email Address _____

Health History

If you have a health issue, i.e., diabetes, heart diseases, etc, or any other chronic health issue, please bring a listing of your medications for our files, including proof of Covid vaccination/booster . The reason for this is in the event of an emergency, we will need to know how to assist you.

I have had an annual physical and to my knowledge am able to travel. **Yes** _____

I need special dietary considerations which are:

Global Entry # _____

Pre TSA # _____

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 (Must be same name as on Pilgrim Reservation Form):

Name _____
Address _____ City _____
Telephone/ Cell Phone _____
E-Mail _____

ROOM MATE:

____ I **do not** presently have a roommate but if one is available, I would like to be matched.

____ **My roommate's name is** _____ (this should be the same name that is listed on the Pilgrim Tours Reservation Form)

____ **My spouse** is my roommate.

____ I wish to have my own room (extra cost for single room – see page one for single)

PLEASE INITIAL TO CONFIRM YOU HAVE READ AND UNDERSTAND:

- *I/WE have been vaccinated and received booster for Covid. **Yes** _____ (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 have signed and submitted the Hold Harmless Form. **Yes** _____ (initial)
- *I/WE have read and understand the pre-existing condition clause in my insurance provider? **Yes** _____ (initial)
- *I have read and understand the Terms and Conditions as printed on the Reservation Form and on the brochure. Yes _____ (initial)**

Traveler's Signature(s)

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.