## TRIP RESERVATION FORM

(Please print out pages for mailing. We do not accept e-mail reservations!)

## **MORGAN ADVENTURE TRAVEL & TOURS**

C.S.T. #2111217-40

PO BOX 611956, San Jose, CA 95161 (626) 255-7544



All monies are deposited into a trust account.

	Please print clearl	<u>Y</u>	
Full Name		th Ge	ender: <i>(circle one)</i> M or F
Passport #	•	Expiratio	on Date
Address			
Home Phone	Cell Phone_		· · · · · · · · · · · · · · · · · · ·
Email address:			
Roommate Name/Preference: Circle all that apply to you: Smoker  I am aware that trip/travel insurance is hand/or loss. I am also aware that the ele	nighly recommended	to insure my trip a	nd protect against risk
responsibility. I understand that each tri penalties, and as such agree to abide by trip, as well as the established payment	ip and/or vendor will y all the terms under	present its own ca said cancellation p	ncellation policy and
Signed:(signature re-	auired)	D	ate:
Please indicate the Trip(s) and/or Op			vation for:
Trip: Trip Da	te:	Deposit Am	nt: \$
(Note: Trip package prices quoted are discounted		otal Amt Enclose	ed: \$

Please <u>make all checks or money orders payable to Morgan Adventure Travel & Tours</u>. There is a \$15.00 charge for all returned checks. Please include this signed trip reservation form with your deposit/payment and return to Cheryl Morgan, dba Morgan Adventure Travel & Tours, PO Box 611956, San Jose, CA 95161.

Yes, I want info on optional trip/travel insurance.

General Cancellation Policy: Any and all Cancellations must be in writing and receipt of cancellation notice in our office establishes the cancellation date. The address for cancellation is PO Box 611956, San Jose, CA 95161. Depending upon the reason for cancellation, you may be able to reclaim some non-refundable amounts and cancellation penalties under the terms of your trip/travel insurance policy. Claims must be made directly to the insurance company concerned.

My preferred departure city: