Licking Creek Tours LLC.
8584 Orchard Dr.
Mercersburg, Pa. 17236
717-753-2413
jrlum@yahoo.com
Small Group Tour

PORTUGAL: OFF THE BEATEN TRACK
SEPTEMBER 7-16, 2027
GROUP SIZE: MINIMUM 10
Total Price: $5,298***
Single ($700) added: $5,998

Guest 1: OFFICIAL PASSPORT NAME:

NAME_____ _____

FIRST **MIDDLE** **LAST**

BIRTH DATE (MM/DD/YYYY)_____

Street Address_____

City_____**State**_____**Zip**_____

Email (print clearly)_____**cell phone**_____

PLEASE SELECT PAYMENT PLAN (Double Occupancy) (CIRCLE ONE):

____SINGLE PLAN: ADD EXTRA PAYMENT OF **$700**(This is what we pay for your single)
____PLAN A - 3 payments (dep.-**$500**, 2nd pay **$2,399** by **1/1/27**, Final Pay **$2,399** by **5/1/27**
____PLAN B- **$500** Deposit then remaining **$4,798** broken into monthly payments due on the first of each month, the final payment is due in full by **5/1/27 (SEE PAYMENT CHART)**

TRAVEL INSURANCE:

_____**I am planning to purchase travel insurance and understand that certain plans and coverages are keyed to when the insurance is purchased and when I register for the tour or make my last payment. It is my responsibility to read the plan's provisions and restrictions.**

_____**I am not planning to purchase travel insurance for the trip at this time. I also understandthat LICKING CREEK TOURS has encouraged me to purchase travel insurance and is not responsible for any loss normally covered in travel insurance policies including, but not limited to baggage loss or damage, trip interruption, trip cancellation, airline delays, health or injury related emergencies or loss and trip cancellation due to health related issues.**

GUEST #1 AND GUEST #2 BOTH SIGN ON BACK UNDER CANCELLATION POLICY

PLEASE SAVE A COPY OF THIS FOR YOUR RECORDS

***BASED ON AIR ESTIMATE. IF YOU ARE A SINGLE, YOU DO NOT NEED to fill out the Guest Info on back, but please sign where indicated on the back page.**

Guest 2: OFFICIAL PASSPORT NAME:
NAME_____ _____
FIRST **MIDDLE** **LAST**
BIRTH DATE (MM/DD/YYYY)_____

Street Address_____

City_____**State**_____**Zip**_____

Email (print clearly)_____**cell phone**_____

PLEASE SELECT PAYMENT PLAN (Double Occupancy) (CIRCLE ONE):
____PLAN A - 3 payments (dep.-**$500**, 2nd pay **$2,399** by **1/1/27**, Final Pay **$2,399** by **5/1/27**
____PLAN B- **$500** Deposit then remaining **$4,798** broken into monthly payments due on the first of each month, the final payment is due in full by **5/1/27 (SEE PAYMENT CHART)**

TRAVEL INSURANCE:
_____**I am planning to purchase travel insurance and understand that certain plans and coverages are keyed to when the insurance is purchased and when I register for the tour or make my last payment. It is my responsibility to read the plan's provisions and restrictions.**
_____**I am not planning to purchase travel insurance for the trip at this time. I also understandthat LICKING CREEK TOURS has encouraged me to purchase travel insurance and is not responsible for any loss normally covered in travel insurance policies including, but not limited to baggage loss or damage, trip interruption, trip cancellation, airline delays, health or injury related emergencies or loss and trip cancellation due to health related issues.**

Cancelation Policy: Licking Creek Tours LLC Amended 6/15/25
1. The original deposit is non-refundable..
2. At any point, when a traveler CANCELS, If Licking Creek Tours can fill that spot with a replacement after cancellation, the money paid to Licking Creek Tours up to that point will be returned, less the original non refundable deposit and any cancellation fees.
3. The rest of the refund policy is based on WHEN the traveler cancels and HOW MUCH has already been paid by Licking Creek Tours to suppliers and can't be recovered.
4. Because price is based on double occupancy, if a roommate cancels and a replacement can't be found, the single room fee will be deducted from the final refund amount.
5. All refunds will be paid within 30-60 days.

Refunds upon cancellation:
12 mos. or longer prior to departure: 100% reimbursed of paid amt. less the deposit and the amount paid to suppliers. 182-364 days prior to departure: 75% reimbursed of paid amount, less the deposit and the amount paid to suppliers. 90-181 days prior to departure: 50% reimbursed of paid amount, less the deposit and the amount paid to suppliers 60-89 days prior to departure: 25% of amount reimbursed, less the deposit and the amount paid to suppliers.0-59 days prior to departure: 0% returned

Guest #1 Signature_____**Date**_____
Guest #2 Signature_____**Date**_____
Please save or make a copy of this document for your records.