

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

THAILAND ADVENTURE
NOVEMBER 8-15, 2027
GROUP SIZE: MINIMUM 10
Total Price: \$4,398***
Single (\$850) added

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 \$850 FOR TOTAL OF \$5,248
☐ PLAN A - 3 payments (dep.-\$500, 2nd pay \$1,949 by 1/1/25, Final Pay \$1949 by 7/1/27
☐ PLAN B- \$500 Deposit then remaining \$3,898 broken into monthly payments due on the first of each month, the final payment is due in full by 6/1/27 (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 understand that 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, PLEASE SIGN THE REGISTRATION ON THE BOTTOM OF BACK PAGE. YOU DO NOT NEED TO FILL OUT THE BACK IF YOU ARE A SINGLE.**

NAME _____

BIRTH DATE (MM/DD/YYYY) _____

Street Address

City **State** **Zip**

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

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PLAN A - 3 payments (dep.-\$500, 2nd pay \$1,949 by 1/1/25, Final Pay \$1949 by 7/1/27

PLAN B- **\$500** Deposit then remaining **\$3,898** broken into monthly payments due on the first of each month, the final payment is due in full by **6/1/27 (SEE PAYMENT CHART)**

_____ 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.

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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.

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 make a copy of this document for your records.