

Please provide accurate information. This will eliminate any change fees or document delays.

## Grand Circle Travel Reservation Form

**Group Name:** Daytona Beach Ski and Travel Club

**Group Code:** G6-30726

**Trip:** England, Scotland and Wales

**Departure Date:** 4/2/26 – 4/17/26

Base tour with airfare out of DAB: \$5,825/ MCO: \$5,645 per person/Land Only \$4,195

**Optional Post Trip:** Scottish Highlands returning on 4/21/26 \$1,195 per person **Y\_\_\_No \_\_\_**

**Will you be taking air with GCT? Y\_\_\_No\_\_\_If yes, Departure City:** \_\_\_\_\_

**Optional Tours for base tour (Tours below are booked onsite only with your program director)**

- **Welsh Experience** – Full Day with lunch – \$120
- **Whitby & Castle Howard** – Full Day with lunch – \$125
- **Royal Scotland: Royal Yacht Britannia Visit** – Half Day with snack – \$120
- **Rosslyn Chapel Visit & Dinner** – Half Day with dinner – \$220

**\* Reservation Deadline: To ensure availability, please submit your reservation form and deposit by November 30, 2025.**

### Passenger 1

### Passenger 2 (only if at same address as below)

Full name (as it appears on your passport):	Full name (as it appears on your passport):
Title: _____	Title: _____
First: _____	First: _____
Middle: _____	Middle: _____
Last: _____	Last: _____
Nickname (for name badge): _____	Nickname (for name badge): _____
Passport#: _____ (passports must be valid for 6 months after the trips ends October 2026)	Passport#: _____ (passports must be valid for 6 months after the trips ends October 2026)
Passport Exp. Date: _____/_____/_____ M M    D D    Y E A R	Passport Exp. Date: _____/_____/_____ M M    D D    Y E A R
Date of Birth: _____/_____/_____ M M    D D    Y E A R	Date of Birth: _____/_____/_____ M M    D D    Y E A R
Place of Birth: _____	Place of Birth: _____

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (secondary): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secondary Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Will you be sharing accommodations with someone? Yes \_\_\_ No \_\_\_ Name: \_\_\_\_\_

Optional Travel Insurance with Trip Mate? Yes \_\_\_ No \_\_\_

Please put your air preferences below (EX. Business Class, Premium Economy or Airline Preference)

\*based on availability.

KTN # (TSA Pre or Global Entry): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Frequent Flier # 1: \_\_\_\_\_ Airline: \_\_\_\_\_

Frequent Flier # 2: \_\_\_\_\_ Airline: \_\_\_\_\_

### Payment Information:

**\$500 deposit** due to Grand Circle Travel at time of reservation, followed by **4 monthly payments** and a **final payment automatically charged on January 2, 2026.**

Base Tour \$4,195 (1 person) \$8,390 (2 people) \$ \_\_\_\_\_ + Post Trip \$1,195 (1 person) \$2,390 (2 people) \$ \_\_\_\_\_

(MCO air \$1,450/DAB air \$1,630) per person \$ \_\_\_\_\_ - \$500 deposit(1 traveler) or -\$1000 deposit (2 travelers)

Grand Total = \$ \_\_\_\_\_

Estimated Monthly Payment: \$ \_\_\_\_\_ (Based on total balance divided by remaining payment months)

#### Payment Schedule:

September 2, 2025, October 2, 2025, November 2, 2025, December 2, 2025, January 2, 2025 – Final Payment Due

Check (takes 7-10 business day to post): Please make payable to **Grand Circle Travel**

Electronic Transfer (payment is automatic):

Name on Checking Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Credit Card: \_\_\_Master Card \_\_\_Visa \_\_\_Discover (American Express NOT excepted)

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_  
MM YEAR

Card Holder name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_