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

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

Passenger 1	**Passenger 2** (only if at same address as below)
Full name (as it appears on your passport): Title: _____ First:_____ Middle:_____ Last:_____ Nickname (for name badge):_____ 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 Date of Birth:_____/_____/ _____ M M D D Y E A R Place of Birth: _____	Full name (as it appears on your passport): Title: _____ First:_____ Middle:_____ Last:_____ Nickname (for name badge):_____ 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 Date of Birth:_____/_____/ _____ M M D D Y E A R Place of Birth: _____

Address: _____

City:_____State:_____Zip: _____

Phone (primary):_____-_____-_____Phone (secondary):_____-_____-_____

Email address: _____

Nationality:_____	Nationality:_____
Occupation: _____	Occupation: _____
Dietary Restrictions: _____	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**.

Trip Selected (include roommate if on same credit card):
Base Tour $_____ + Post Trip $_____ + Airfare $_____ (MCO air $1,450/DAB air $1,630)
- $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

Cancellation charges: 90 days or more $500 pp, 89-60 days 40% of your trip price paid,
59-30 days 65% of your trip price paid, 29 days – departure is 100% non-refundable.

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:___/___ /_____