



Mountain Tours Application - Please Print

Please complete the following application and return with a \$300 deposit each person

I am applying for the following Mountain Tours trip _____

Depart Date _____ Return Date _____ Trip Number _____

Deposit \$ _____ Fee \$ _____ Single Room \$ _____ Total Fee \$ _____

The balance of the fee is to be paid 50% 120 days before departure and the final balance of 50% 90 days before departure. When we receive this completed application, we will send you a confirmation and information to get ready for the trip with maps and directions.

Name _____ Address _____

City _____ St _____ Zip _____

Telephone:

Home _____ Office _____ Email: _____

Smoke Yes No Your Profession _____ Age _____

Where did you hear about us? _____

To allow us to make your air reservations, please complete the following:

Charge Card _____ Number _____ Exp Date _____

CVV (security code 3 digit for VISA/MC and 4 digit for AMX) _____

Emergency Name _____ Telephone _____

I prefer a roommate Yes No

I prefer a private room Yes No

If you request a private room, your cost will be increased \$ 300/wk.

Please inform us if you have a preference for a roommate _____

Preferred airline departure city: _____

Cancellation Policy

If the leader cancels a trip for any reason, you will receive a full refund. If you must cancel up to 120 days before departure, you will receive a full refund less deposit. If you cancel 90 to 120 days before departure, you will receive a 50% refund of any moneys paid, less deposit. If you cancel within 90-60 days before departure, you will receive a 25 % refund less deposit. If you cancel within 60 days, there is no refund. Deposits are not refundable. Tours are subject to cancellation for non-payment of fees in a timely manner.

Visit Us On The Web: www.russelltours.com Email: hiking@russelltours.com

Please mail a copy of this application along with your deposit to:

MOUNTAIN TOURS 3 Pratt Street Essex, CT. 06426 800 669-4453

