



REQUEST FOR REFUND

PLEASE PRINT

Which Tour/City are you requesting a refund from?: _____

Date of Tour was taken: _____

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State/Province: _____

Zip Code/Postal Code: _____

Country (if outside United States or Canada): _____

Email address: _____

Telephone Number (with area code): _____

Today's date: _____

I am requesting a refund because:

Please submit this form, along with the **used and unused portion of your ticket(s)** OR a copy of your **receipt** to
email: guestrelations@historictours.com

OR

US Mail: Historic Tours of America - Guest Relations

108 Sea Grove Main Street, St. Augustine, FL 32080

Please allow four to six weeks for the processing of your refund.