



# REQUEST FOR REFUND

PLEASE PRINT

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:

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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 St., St. Augustine, FL 32080**

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