

**KOREAN MOTHERLAND CUSTOM FAMILY TOUR  
ITINERARY PLANNING REQUEST**

**DATE OF TRAVEL**

From: \_\_\_\_\_ (month, day, year)

To: \_\_\_\_\_ (month, day, year)

**ITINERARY:**

Cities, towns to visit with number of days; sightseeing requests:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Suggested itinerary: Seoul, Gyeongju, Pusan, Seoul

**PASSENGERS:** please print name as it appears on passport

Name #1: \_\_\_\_\_

Passport #1: \_\_\_\_\_

Name #2: \_\_\_\_\_

Passport #2: \_\_\_\_\_

Name #3: \_\_\_\_\_

Passport #3: \_\_\_\_\_

Name #4: \_\_\_\_\_

Passport #4: \_\_\_\_\_

All US passports must be valid for at least six months after departure for Korea.

**CONTACT INFORMATION**

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

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

Ph: (day) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

**INFORMATION FOR ADOPTED PASSENGERS:**

Adoptee's American Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year adopted: \_\_\_\_\_

Adopted through which American agency: \_\_\_\_\_

Korean Name: \_\_\_\_\_

Case numbers assigned by Korean Agency: \_\_\_\_\_

If you were adopted through Holt Children's Services in Korea, are you interested in meeting your foster mother? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are an adoptee who is 18 yrs of age or older, are you interested in searching for your birthparent? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### Payment Information

Deposit: A \$300 non-refundable deposit must accompany the Itinerary Planning Sheet. The deposit will be applied to the final payment.

Final Payment will be made 60 days prior to departure.

Deposits are accepted by check or money order only. Final payment can be made by check, money order or credit card.

Please make checks payable to: Travel Counsellors, LLC

Send to: 4001 Century Lane, Chadds Ford, PA 19317

Questions, call toll free: 1-866-361-0535

Or Email: [kate.delosso@travelcounsellors.com](mailto:kate.delosso@travelcounsellors.com)