

All About Destinations

See the USA! Group Travel at it's BEST!



16290 Seneca Trail
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(843)793-8505
allaboutdestinationstravel.com

ARK ENCOUNTER/CREATION MUSEUM

NOVEMBER 4-5, 2022

SIGN-UP FORM

(no more than Adult 2 participants per form)

(Children names can be added below "Additional Participants")



Trip Cost	Travel Insurance
\$299 PP (double) \$399 PP (single)	check webpage for details

TRIP COST INCLUDES

(2) Breakfast 'n Go, All Necessary Tickets To Group Activities, Driver Gratuity, City Guide Gratuity, Taxes & Transportation on Motor-Coach! Also Includes a GROUP TOUR MANAGER From All About Destinations throughout the entire tour.

DEPOSIT REQUIRED: \$150 per person

FINAL PAYMENT DUE 20 DAYS PRIOR TO TOUR

Please Fill-Out Legibly:

NAME OF TRIP & DATE: ARK ENCOUNTER/CREATION MUSEUM: NOVEMBER 4-5, 2022	
FULL NAME:	
ADDRESS, CITY, STATE, ZIP:	
PHONE:	CELL:
EMAIL:	ADDITIONAL PARTICIPANTS:

TRAVEL INSURANCE: SEE WEBPAGE FOR DETAILS! INSURANCE ANTICIPATED : ____ INSURANCE DECLINED: ____	PAYMENT TYPE: CASH Or CHECK: ____ CREDIT: ____ (With Credit Option, Please Fill Out Card Information Below)
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Credit Card Information: (Only If Paying By Credit Card) **YOU CAN PAY IN FULL OR PAY THE DEPOSIT (Balance due by 10 days prior to the trip)**

CREDIT CARD TYPE: ____ AMERICAN EXPRESS ____ DISCOVER ____ MASTERCARD ____ VISA
CREDIT CARD #: _____ EXPIRATION DATE: _____ ZIP CODE _____
SIC CODE: _____ (3 or 4 Digit Code Found On Back Of Card) CARD HOLDER SIGNATURE: _____
Amount To Be Charged @ Sign-Up: _____ Amount To Be Charged No Later Than : **November 4, 2022**

Credit Card Charging Date Instructions (ie: when to make charges and amounts) _____

*** If accepting Trip Cancellation Insurance & paying by check, please include insurance payment in addition to your deposit.

*** If accepting Trip Cancellation Insurance & paying by credit card, your insurance cost will be billed with your deposit. ***

Please see [TERMS, POLICIES, & GENERAL INFORMATION](#) on our website before sending in any payment.

*** **Please Do Not Cut Or Tear Form.**

Participant Signature: _____

Date: _____