Room Occupancy

Single - 1 To A Room

Double - 2 To A Room

Children (under 12)

Passenger Signature: _____

103 Randolph Ave., Suite 227 Elkins, WV 26241 (843) 469-4458 allaboutdestinations.com

Travel Insurance

Available - Contact Travel Guard
Available - Contact Travel Guard

Available - Contact Travel Guard

BIG APPLE... NEW YORK CITY

MAY 22-24, 2020

Trip Cost

\$925 Per Person

\$670 Per Person

\$659 Per Person

SIGN-UP FORM

(no more than 2 participants per form)
(Children names can be added below "Rooming With")

Cililaren (under 12)	3033 FEL FEL	3011	Available - Colltact Havel Guard
			(see website for Travel Guard link)
	TPID COS	T INCLUDES	
(2) Nights Lodging, (2) Breakfast Buffets.			oup Activities, Luggage Handling (One Suitcase Pe
	er Gratuity, City Guide Gratu	•	
Also Includes a GRO	OUP TOUR MANAGER From	All About Destination	s throughout the entire tour.
DEPOSIT REQUIRED: \$150 Per Person Limited Seating		FINAL PAYMENT DUE: May 8, 2020	
Please Fill-Out Legibly:			
NAME OF TRIP & DATE:	Big Apple New	York City: May 22-	24, 2020
PREFERRED NAME ON BADGE:			
ADDRESS, CITY, STATE, ZIP:			
HONE:		CELL:	
MAIL:		ROOMING WITH:	
		- 1	
TRAVEL INSURANCE:		PAYMENT TYPE:	CASH Or CHECK: CREDIT:
(Can now be purchased through Travel	<mark>Guard</mark>)	(With Credit Opt	tion, Please Fill Out Card Information Below)
I PLAN ON BUYING TRAVEL INSURANCE	:		
Credit Card Information: (Only If Payin	g By Credit Card)	-	
CREDIT CARD TYPE: AMERICAN E	XPRESS DISCOVE	R MASTER	RCARDVISA
CREDIT CARD #: ZIP CODE			
SIC CODE: (3 or 4 Digit Cod	e Found On Back Of Card) CARD HOLDER S	SIGNATURE:
Amount To Be Charged @ Sign-Up: Amount To Be Charged No Later Than May 8, 2020 :			
Credit Card Charging Date Instructions (ie: when to make charge	s and amounts)	
ereare early enarging bate morroris (ier witer to make onarge.	3 and amounts)	
*** Please see TERMS, POLICIES, & GEI	NERAL INFORMATION on	our website before	sending in any payment.
*** Please Do Not Cut Or Tear Form.	VEI VIE II VI OTAVI VI I OTA	ou. Wessite selore	senang in any payment.

Date: _____