Trip Reservation Form

Money is due at sign-up on day trips.

Deposit is due at sign-up on other trips.

If purchasing travel insurance, please purchase within 14 days of deposit.

Please make checks payable to: Preferred Travel, Inc. On your check, please note in the memo what trip the check is for.

Preferred Travel, Inc.

Connie Wells

246 Cowboy Trail, Ellijay, Georgia 30540

Office: 706-635-7189; Cell: 706-273-0811

E-mail: travelconnie@ellijay.com

Website: www.travelconnie.com

Facebook: Preferred Travel, Inc.

Tour:	Tour Date:		
Traveler #1			
Name as listed on your passpo	rt/license:		
DOB: E-ma	ail address:		
Address:	City, S	City, State, Zip:	
Cell Phone Number:	Home Phor	Home Phone Number:	
How would you like your name	e to appear on your name tag?		
Emergency Contact	Relationship	Cell	
Rooming with:			
	Date		
Insurance Waiver Purchas	ing travel insurance is highly reco	mmended. Would you like to purchase	
<mark>insurance that protects your tr</mark>	ip cost in the event of cancellation	?YESNO	
*** No refund on Insurance Pr	emium ***		
Traveler #2: If traveler #2 do form.	oes not live in the same household,	, they should fill out a separate trip reserv	
Name as listed on your passpo	rt/license:		
DOB: E-ma	ail address:		
		Home Phone Number:	
How would you like your name	e to appear on your name tag?		
Emergency Contact	Relationship	Cell	
	Date		
Insurance Waiver Purchas	ing travel insurance is highly reco	mmended. Would you like to purchase	
	ip cost in the event of cancellation		
*** No refund on Insurance Pr	emium ***		
Please select type of accommod	dations: () Single () Double () Ti	riple () King bed (if available)	
Will you be celebrating a () bir	thday or () anniversary? No. I	Date How many years?	