

Trip Reservation Form

Preferred Travel, Inc.

Deposit is due at Sign-up

Connie Wells

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Tour: _____ Tour Date: _____

Traveler #1

Name as listed on your license/passport _____

DOB _____ Email _____

Address _____ City _____ State ____ Zip _____

Cell Phone # _____ Home Phone # _____

How would you like your name to appear on your name tag? _____

Rooming with _____

Please select type of accommodations: () Single () Double () Triple () King (if available)

****Insurance Waiver**** Purchasing travel protection is highly recommended. Travel Protection is due the same time deposit is made. Would you like to purchase insurance that protects your trip cost in the event of cancellation? ____ YES ____ NO

NO Refund on Insurance Premium

If you do not purchase travel protection there is no refund for your trip if you have to cancel.

Traveler #2

If traveler #2 does not live in the same household, he/she should fill out a separate Trip Reservation Form.

Name as listed on your license/passport _____

DOB _____ Cell Phone # _____

How would you like your name to appear on your name tag? _____