## **Trip Reservation Form**

Money is due at sign-up on day trips.

Deposit is due at sign-up on other trips.

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

Please mail to the address in the column on the right:

Preferred Travel, Inc.

Connie Wells

246 Cowboy Trail

Ellijay, Georgia 30540

Office: 706-635-7189

Cell: 706-273-0811

E-mail: travelconnie@ellijay.com

Tour:	Tour Date:
Name as listed on your passpo	rt or license:
DOB: E-mail addre	SS:
Address:	City, State, Zip:
Cell Phone Number:	Home Phone Number:
Rooming with	
How would you like your nam	e to appear on your name tag?
Please select type of accommo	dations: () Single () Double () Triple () King bed (if available)
Emergency Contact	Relationship Phone
Will you be celebrating a () bi	thday or () anniversary? No. Date How many years?
	sing travel insurance is highly recommended. Would you like to ets your trip cost in the event of cancellation? YES NO
Signature	Date
Method of Payment: Cas	Check Credit Card \$
CC Type: Visa Masterc	ard Discover AMX
* Charges over \$250 will recei	ve a 3% service charge.*
Card Number	CVV Expiration Date
Do you consent to having you	photo published on the Preferred Travel, Inc. website and/or
Facebook Page for promotion	al purposes only? YES NO
Signature	Date
Telephone Authorization	Phone Number Time Date