

# TRAVEL CLUB

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*The*  
**CARRY ON'S**  
N G N B



## TRIP RESERVATION FORM

Tour \_\_\_\_\_ Date \_\_\_\_\_

Directors: Donna McEntyre & Marsha McDaniel • 706-624-5339

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name for Name Tag \_\_\_\_\_ / \_\_\_\_\_

### ACCOMMODATIONS

Type of Accommodations: ( ) Single ( ) Double ( ) Triple ( ) Quad  
Rooming with \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Will you be having a Birthday or Anniversary on this trip? \_\_\_\_\_  
Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_ (How Many?) Date \_\_\_\_\_

### PAYMENT

For Office Use Only  
Method of Payment: ( ) Cash ( ) Check ( ) Credit Card  
Please charge \$ \_\_\_\_\_ per person for a total of \$ \_\_\_\_\_  
( ) Visa ( ) MasterCard ( ) Discover  
Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_