## TRAVEL REGISTRATION

## CAPE COD, MARTHA'S VINEYARD, & PLYMOUTH

## September 15-23, 2018 9 Days-8 Nights

Departing from Tallahassee, FL at 8:30 AM

Also Departing from Jacksonville

Departing from Tallahassee (Check One) **Departing from Jacksonville** Date: **Passenger Names:** Sex: Male Female Preferred Name (Nametag): Address: State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone:\_\_\_\_\_ Email Address : \_\_\_\_\_\_ Roommate: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: Travel Protection Plan: \$69.00 per Person Accept \_\_\_\_\_ Decline \_\_\_\_\_ Premium must be paid before final payment. Sex:\_\_\_\_\_Female Preferred Name (Nametag): Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ \_\_\_\_\_\_Roommate:\_\_\_\_\_ Email Address: Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_ Phone: \_\_\_\_ Alternate Phone: Travel Protection Plan: \$69.00 per Person Accept Decline Premium must be paid before final payment. \$829.00 Per Person Double Occupancy \$254.00 Additional for Single Occupancy (\$1,083.00 Single) Number of Passengers \_\_\_\_\_ @ \_\_\_\_ \$\_\_\_\_ Travel Protection Plan \_\_\_\_\_\_ @ \_\_\_\_\_ TOTAL AMOUNT DUE \$\_\_\_\_\_ DEPOSIT AMOUNT \$\_\_\_\_\_ \$100.00 per person Deposit Due with Registration

## FINAL PAYMENT DUE JULY 9, 2018

**Tour # 1421778** Check #\_\_\_\_\_ AMOUNT ENCLOSED \$\_\_\_\_\_

Mail to: Senior Adult Travel Inc. PO Box 142045 Gainesville FL, 32614

For additional information contact: Jerry Nash 352-727-2268 jerry@senioradulttravel.com