DRAKE TRAVEL

803-738-8006

3Nights Hotel Stay

Hilton Hotel & Suites Niagara Falls Canada

Go to Buffalo, NY (BUF) May 3 - 6, 2021

\$200.00 per person due April 15, 2021	\$100.00 per person due by Oct 15, 2021
\$100.00 per person due by July 15, 2021	\$100.00 per person due by Jan 15, 2022
	Final amount due on are before March 15, 2022

Cost includes hotel, air, shuttle & breakfast each morning.

Falls View Rooms

2 people per room <u>\$675.00 pp</u>,

3 people per room <u>\$625.00 pp</u>, 4 people per room <u>\$575.00 pp</u>

Select Airport

(Charlotte, NC _) (Miami, FL) (Charleston, SC)
(Richm	ond, VA) (Ra	leigh, NC)	

RETURN THIS FORM WITH YOUR INITIAL DEPOSIT

Hilton Hotel & Suites Niagara Falls Canada Niagara Falls Canada May 3 - 6, 2022

New date due to the COVID19 viurs					
Lead name in room (formal name-no nick names):				
Name that's listed on your ID or Passport	DOB				
Address:	City:	State:	Zip:		
Roommates: 2.					
DOB		DOB			
Roommates: 4					
	DOB				
	Select Beds				
One King	Two Queens's	S			
Phone #					
Deposit amoun	t charged: \$200.00	per person			
1	\$				
MasterCard Visa (Card Number)					
(*** ** ** ** ** ** ** ** ** ** ** ** *					
Exp. Date Signature for Card					
Exp. DateSignature for Cardif you like you can call the office with this.					
	ALL MAJOR CRED		the office with this.		
Are you interested in Trip Cancellation Insur	ance? YesN	Vo (You mu	ist select one)		
If NOT taking insurance, please sign here					
Email:					
Insurance \$90.00 Per Person at the time of booking.					

Mail payments to: Drake Travel P. O. Box 25395 Columbia, SC 29224
Please read Terms and Conditions www.DrakesTravel.com

HG INCLUSIVE TRAVEL 803-319-5597 HERIETTA GETER

Credit Card/Debit Authorization Form PASSENGER #1 Card Holder Name :_____ Credit Card Type:_____ Credit Card Number: _____ Expiration Date:_____CVC____ Signature: _____ PASSENGER #2 Card Holder Name :_____ Credit Card Type: Credit Card Number: Expiration Date:______CVC _____ Signature: ______ PASSENGER #3 Card Holder Name: Credit Card Type: Credit Card Number: Expiration Date:______CVC _____ Signature: **PASSENGER #4** Card Holder Name :_____ Credit Card Type: Credit Card Number: Expiration Date:_____CVC ____

Signature: _____