

REGISTRATION FORM

Margaritaville Island Inn Bus Trip -----Monday -- Tuesday --August 30-31, 2021

Please complete this form and mail with payment

Drake Travel LLC

2548 Main Street, Suite F

Elgin, South Carolina 29045

Name _____

Address _____

Phone _____ Email Address _____

The hotel will ask for a credit card at check-in to have on file for amenities & there will be a \$25.00 hold on your card for incidentals and released after check-out..

Margaritaville Island Inn

Pigeon Forge TN Bus Trip

4 1/2 Star Hotel

Monday - Tuesday

1 Night

Cost includes hotel, bus, breakfast & Soul Of Motown tickets.

Please check appropriate room(s):

Single (1) _____ (\$350.00) per person

Double (2) _____ Triple (3) _____ Quads (4) _____

(\$270.00) per person (\$245.00) per person (\$230.00) per person

Pay in Full by June 15th, you can get 10%

Payments: First payment June 15, 2021 \$100.00 pp. \$ _____

Final Payment July 25, 2021 Final Amount Due \$ _____

Amount enclosed \$ _____

If you need to cancel call before July 15th

Confirmation will be mail after each payment received.

Confirmation and boarding information will be mailed once final payment has been received

Please read all Terms and Conditions www.DrakesTravel.com

Payment Type Only: (Please select one)

Money Order _____ Cashier's Checks _____ Credit Card _____

If you have questions please call **Drake Travel (803)-846-5110 or (803) 738-8006**

Mail Payments to: Drake Travel P.O. Box 25395 Columbia, SC 29224

HG INCLUSIVE TRAVEL 803-319-5597 HERIETTA GETER

Email: www.DrakesTravel@aol.com

There will be a lot of gift card drawings

Please provide the following information:

#1

Name: _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

#2

Name: _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

#3

Name: _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

#4

Name: _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

Call today to see how you can go for FREE!

#1

Card Holder Name _____

Credit Card # _____

Expiration Date: _____ CVC# _____

Signature: _____

#2

Card Holder Name _____

Credit Card # _____

Expiration Date: _____ CVC# _____

Signature: _____

#3

Card Holder Name _____

Credit Card # _____

Expiration Date: _____ CVC# _____

Signature: _____

#4

Card Holder Name _____

Credit Card # _____

Expiration Date: _____ CVC# _____

Signature: _____