

REGISTRATION FORM

Sweetie Pies----St Louis Bus Trip ----**Thursday - Sunday June 8 - 11, 2017**

Please complete this form and mail with payment

Drake Travel LLC

4500 Fort Jackson Blvd

Columbia, South Carolina 29209

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 \$35.00 hold on your card for incidentals and released after check-out..

St Louis Bus Trip – Sweetie Pies

Thursday - Sunday June 8 - 11, 2017

Cost includes hotel, bus and full breakfast each morning.

Please check appropriate room(s):

Double (2) _____ Triple (3) _____ Quads (4) _____
(\$410.00) per person (\$340.00) per person (\$295.00) per person

| | | | | |
|-----------|----------------|--------------|------------------|----------|
| Payments: | First payment | Aug 30, 2016 | \$50.00 pp. | \$ _____ |
| | Second payment | Oct 15, 2016 | \$75.00 pp. | \$ _____ |
| | Third payment | Jan 15, 2017 | \$75.00 pp. | \$ _____ |
| | Fourth payment | Mar 15, 2017 | \$50.00 pp. | \$ _____ |
| | Final Payment | May 1, 2017 | Final Amount Due | \$ _____ |

Amount enclosed \$ _____

If you need to cancel please call before the final amount is due.

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)

Check _____ Money Order _____ Cashier's Checks _____ Credit Card _____

If you have questions please call Drake Travel John or Al (803)-420-7648 or (803) 738-8006

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

Email: www.ADrake4457@aol.com

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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: _____

8/21/2014 9:51 AM

#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: _____