NAME:									
Phone:		EMAIL:							
REGISTRATION FORM: 2019 ENGLAND EXPERIENCE - September 25 - October 4, 2019									
Registration and Pricing	Single \$2900 or	Single occupancy rate includes single bed lodging at 3 high-quality traditional English hotels (8 total nights), full breakfast each morning, 5 days charter coach service, portage and gratuities.							
Per Person:	Double \$1808/pp	Double occupancy: Option for two "single" twin beds or one queen/king bed (per hotel availability).							

I AM REGISTERING AS (circle one):	SINGLE \$2900	DOUBLE \$1808*
*IF DOUBLE, Name and phone for your roomr	mate:	
(Note: Your roommate must red		m room bookina.)

ADD EXCURSIONS TO YOUR EXPERIENCE! Write the Price in box next to each excursion to place your order.

SAT SUN	5-Oct	Free time in Paris, or Free time in Paris, or	+ \$90	Day trip to the Palace of Versailles Day trip to Normandy/Utah Beaches + Lunch	\$
FRI	4-8 Oct	PARIS EXTENSION	SINGLE +\$1085 OR DOUBLE +\$635		\$
REGISTRATION FEE + EXCURSIONS (Total of upper section for England)					
THU	3-Oct	Free time at Ashdown Park Resort and Spa, or	+ \$26	Tour of the Royal Naval Museums in Portsmouth	\$
TUE	1-Oct	Free time in Norwich, or	+ \$20	Tour of Sandringham Estates & Royal Gardens	\$
SUN	29-Sep	Free time in London, or	+ \$26	Tour of Windsor Castle	\$
SAT	28-Sep	Free time in London, or	+ \$29	Tour of Buckingham Palace	\$
FRI	27-Sep	Free time in London, or	+ \$24	Tour of Hampton Court Palace with Tour Guide	\$

Credit Card Authorization Form

Name				
Contact Pho	ne #/	Email		
MAIREMAN Exertass	American Express always			Security Code:
VISA	——————————————————————————————————————		exp. date	Security Code:
MasterCard	MasterCard always begins		exp. date al	Security Code:
DISCOVER			exp. date	Security Code:
-	nission of this Registro nown on page 1?	ation Order form, W	ʻill you be pay	ing \$500 Deposit <u>or</u> Full
Authorization	n Amount:			
England Experi payment in full 2019 will result	ence" Registration order on pa I of remaining balance by Sept t in automatic charge of remai	age 1 of this form. If paying ember 1, 2019. I further ac ning balance on provided c	g the initial deposit knowledge that fai redit card, or other	shown above for payment of the "2019 of \$500, I understand I must make lure to pay order balance by September 1, wise forfeiture of deposit and syments made towards registration.
	color scan of valid Passport, E GFLR + SBBOR Jessica Lowe JI		tion, and pertinent	medical information to Group Leader,
Card Holder S	Signature:			
Name on Cred	dit Card (if other than cardh	nolder):		
Addross on C	rodit Card:			