

Reservation & Payment Form DEPOSIT \$250 (\$100 NON-REFUNDABLE) DUE BY 11/01/25 FINAL DUE BY 4/01/26

SOMERLOT-EVANS GRAND FAMILY TRIP

KNIS The RES

202

Name:			
Address:			
City:	State:		Zip:
Phone:	Email:		
Emergency Contact:			
Relationship:		Phone:	
Medical/Dietary Needs:			
Please Circle: SINGLE Sharing With:	DOUBLE	TRIPLE	QUAD
Credit Card:		Exp.	CVV
Name:			
Address:			
City:	State:		Zip:
Phone:	Email:		
Emergency Contact:		٠	
Relationship:		Phone:	
Medical/Dietary Needs:			
Please Circle: SINGLE Sharing With:	DOUBLE	TRIPLE	QUAD
Credit Card:		Exp	CVV
Credit card is subject to 4% service fee	s subject to 4	% service f	ee
MAKE CHECKS PAYABLE TO FAYETTE TRAVEL CENTRE	SLE TO FAY	ETTE TRA	VEL CENTRE



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Peg Reiterman Email: peg@fayettetravel.com

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