

**Seniors In Action Travel Club
Join Us On A Fun Filled Trip To
Myrtle Beach & Charleston, South Carolina
September 14-18, 2026
5 days & 4 nights**



Double Occupancy: \$880.00 (per person) Single Occupancy: \$1240.00

Registration Deposit of \$80.00 is due by September 11, 2025 but no later than October 24, 2025. Final Payment is due by July 24, 2026.

INCREDIBLE PRICE INCLUDES:

- Motorcoach transportation
- Complimentary breakfast (4), snacks, 1 lunch and additional meals
- 4 nights lodging
- Hotel accommodation with ocean front and private balcony
- Gullah Experience
- International African American History Museum
- Additional tours in Myrtle Beach and the South Carolina Area

**Departure: American Legion (VFW)
5362 Covington Hwy
Decatur, Georgia, 30035**

Departure: September 14, 2026 Departure: 8:00 am (sharp)

Return Date: September 18, 2026 Arrival time (TBD)

**Coordinators: Dolores Coggins 770- 356-2295 and Jewell Yarbrough
404- 433-1030**

NOTE: Trip coordinators are not available to assist with special needs, i.e. wheelchairs/walker assistance. If needed, please have someone submit a separate registration form, payment and accompany you throughout the trip.

Seniors In Action Travel Club assumes no responsibility for Liability for cars parked at the VFW location.

Seniors In Action Travel Club Registration Form
Myrtle Beach / Charleston, South Carolina
September 14-18, 2026
\$880.00 Double Occupancy (per person)
\$1240.00 Single Occupancy (per person)



A deposit payment of **\$80.00** per person is due on September 11, 2025 but no later than **October 24, 2025** with final payment due by **July 24, 2026**. This payment is **nonrefundable** without a replacement person. Each person must complete a registration form when submitting payment.

Travelers may pay for the trip in two ways: (1). Pay at the monthly meetings the second Thursday of each month at 3.00 pm. (2). Mail a check or money order (with the registration form) to the P O Box listed below:

SIATC P.O. Box 360782 Decatur, Ga. 30036

Name (Print) _____ LWSC# _____

Email _____ Phone _____

Emergency contact name & # _____

Signature _____ Date _____

Guest Name: _____ LWSC# _____

Email _____ Phone _____

Emergency contact name & #: _____

Circle one, please: Single room or double room

Roommate's name _____

Signature _____ Date _____

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