



Tour Registration Form

Booking Code CGF5/24

Name: _____ Partner _____

Address: _____ City _____

State: _____ Zip _____ H Phone _____

Wk/Cell _____ Email: _____

Roommates: _____

Room Selection:

Single _____ Double _____ Triple _____ Quad _____

Match me with a roommate: Yes _____ No _____ Male _____ Female _____

Age Range: 20-30's _____ 40-50's _____ 60+ _____

Form of payment: CK _____ CCK _____ MO _____ CC _____ (CC add 3.3% process fee) CashApp _____ Zelle _____

Contact travel office if using CashApp or Zelle

CC#: _____ Ex: _____ / _____ SC _____

Add 3.3 % processing fee to cc charge

Future credit card payments per each charge: Yes _____ No _____ Signature _____

Emergency Contact Name _____ Number: _____

Special Dietary and or medical needs: _____

(some needs, and or last minute requests may not be accommodated)

Our Farewell dinner is of the Gullah authentic food menu. Let us know a min. of 30 days in advance if you have any food allergies.
CST specifically picked this location because it is 100% Gullah-owned! The "Gullah Grub Restaurant"

Completion of this registration with deposit acknowledges acceptance of [CST Terms & Conditions](#).

Prices and schedules are subject to change without notice, supplier issued.

Make/Mail all payments to:
Champion Services Travel or (CST)
P O Box 44140
Fort Washington, MD. 20749
301. 686-0970 – all4champion.com

Deposit Enclosed

\$ _____
\$400 pp nonrefundable
Name Transfers are
allowed if you cancel