



**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](http://all4champion.com)**

**Deposit Enclosed**

\$ \_\_\_\_\_

\$400 nonrefundable  
Name Transfers are  
allowed if you cancel