

**TRAVEL WITH JASIU**

Please be sure to fill in **ALL** of the information on this form including: **Name, Address, Phone number, Days attending, Room type, Number of people staying.** **\*\*Please be sure to give us your email address.. This year we will be sending confirmation letters to your email.** **\*\*** Thank you!

Reservations and payment (**IN FULL**) must be received no later than **AUGUST 09, 2024.** If a room is canceled within 72 hours prior to check-in, you are responsible for the charges for the first night's lodging, taxes and \$25.00 hotel cancellation fee. **Hotel's Policy!** (If we have a waiting list we will try to find someone to fill your spot)

**\* Please be sure to write the name of EVERYONE staying in the room with you.\***

**CUT HERE**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Check#:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

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Room Type:

Standard Double: \_\_\_\_\_

Standard King ( **VERY Limited** ):\_\_\_\_\_

Suite King ( **VERY Limited** ) \_\_\_\_\_

Suite ( 2 Queen beds ):\_\_\_\_\_

Number of people: \_\_\_\_\_

Check In:

Check Out:

( ) Mon- 9/30

( ) Mon- 9/30

( ) Tue- 10/1

( ) Tue- 10/1

( ) Wed- 10/2

( ) Wed- 10/2

( ) Thur- 10/3

( ) Thur- 10/3

( ) Fri- 10/4

( ) Fri- 10/4

( ) Sat- 10/5

( ) Sat- 10/5

( ) Sun- 10/6

( ) Sun- 10/6

Please make checks payable to: **Jonathan Lomnychuk**

**Jonathan Lomnychuk**  
**67 Cedar Commons Lane**

**Birdsboro, PA 19508**

**Phone:** 484-955-1773 **Email:** [Sparky126d9@aol.com](mailto:Sparky126d9@aol.com)