

Savannah

TRAVEL EXPRESSIONS PRESENT....

Savannah

# SAVANNAH, GA

— EST. 1733 —

**October 4-6, 2026**

**3 Days & 2 Nights**

Deposit: \$100.00 - Final Payment Due: August 28, 2026

**Package Includes:**

**Package Price: \$569.00 / pp dbl**  
**Singles Add \$145.00**

**\*Deluxe Roundtrip Motorcoach  
Transportation**

**\*2 Nights Deluxe Accommodations in the  
Savannah, GA Area**

**\*2 Great hotel breakfasts**

**\*2 Sumptuous Dinners at great local  
restaurants**

**\*Guided tour of Savannah GA**

**\*Free time to Explore the Famed River St  
with shopping & Lunch on own**

**\*Guided docent tour of the Cathedral  
Basilica St. John the Baptist**

**\*Ice Cream Social at the famed Leopold's  
Ice Cream**

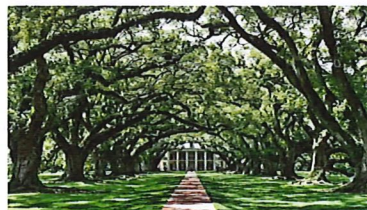
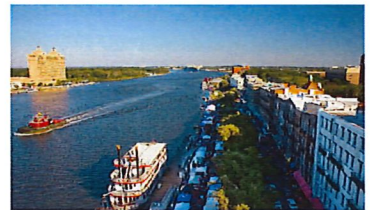
**\*Baggage Handling**

**\*All Taxes are included**

**For Information & Reservations Contact  
Travel at WPSC - 321-425-5530**

**Travel Insurance**

If you wish to purchase Travel insurance, go to our website  
[www.seniorexcursionsinc.com](http://www.seniorexcursionsinc.com) and click the **RED** Travel insurance  
button on bottom right and follow instructions.



# WICKHAM PARK TRAVEL CENTER

DOUBLE \_\_\_\_\_

SINGLE \_\_\_\_\_

TRIP NAME: Savannah, GA 32100- 26.09 DATES: Oct 4-6, 2026

**Trip Cost:** Double Occupancy \$ 569.00 (per person) Single \$714.00

**Each passenger must complete this form:**

Name of Passenger: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Roommate Name: \_\_\_\_\_

**Insurance (Optional):** To purchase Trip Insurance, please see the Flyer. Each passenger must purchase their own Insurance. WPSC will not be responsible if you do not have Insurance and need to cancel your trip. **Insurance must be purchased within 2 weeks of your reservation.**

**Accommodations or Special Needs:** (Handicap rooms with walk-in showers are not guaranteed)

Handicap Accessible Room (?) Yes or No \_\_\_\_\_ Refrigerator (RX) \_\_\_\_\_ Other \_\_\_\_\_

Motor Coach and Rooms are **Non-Smoking**. This also applies to Electric Cigarettes and Vaping

**PAYMENTS:** Make check payable to: **WPSC – Travel**

**Trip Deposit due at reservation:** \$100.00 Check # \_\_\_\_\_ Date \_\_\_\_\_

**Final Payment Amount due:** August 28, 2026

**Paid Final Payment of:** \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

**Please read and sign the following paragraph:** I, the undersigned, do hereby release, absolve, indemnify and agree to hold harmless Wickham Park Senior Center Association Inc., Travel Center Volunteers, Agents and Employees, as well as the organizers and sponsors of the above described activity, for any and all expenses, damages, loss or injuries caused or incurred as a result of my participation in the activities of travel.

Passenger Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Travel Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_