



Registration Form

To Reserve your place, please complete this form and mail with payment to Sue Smith Vacations—Address at bottom of page

_____ Single _____ Double _____ Triple _____ Quad

Passenger Names (Legal Name on Government ID) and Dates of Birth

Address _____

City _____ State _____ Zip _____ Cell Phone _____

Email Address _____

Emergency Contact _____ Cell Phone _____

_____ Single Traveler \$887 _____ Triple Room \$663 per person triple occupancy

_____ Double Room \$720 per person double occupancy _____ Quad Room—\$637 per person quad occupancy

Deposit \$100 per person—**NON REFUNDABLE**

_____ Check for \$100 (per person) enclosed

_____ Credit Card \$100 (per person)—*credit cards incur 3% convenience fee*

Card Number _____ Exp _____ Security _____

Name as appears on card _____

Billing address if different from above _____

Medical Issues or Allergies _____ Special Dietary Needs _____

Enrollment in and payment of deposit constitutes your acceptance of terms and conditions.

Payment Schedule— \$100 per person May 1st
\$100 per person July 1st
Remaining balance October 1st

Sue Smith Vacations
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