

**STUDENT RESERVATION FORM**  
**Athens State University - Chicago Tour**  
**May 27 - 31, 2011**

Student Name:	Cell:	Email:
Student Address:		
Street	City	State      Zip+4
Roommate #1	Cell:	Email:
Roommate #2	Cell:	Email:
Roommate #3	Cell:	Email:
Smoking Room? Y N	Diabetic? Y N	Trip Insurance? Y N

*NOTE: If you have a disability that prevents your independence, you must be accompanied by a travel companion that will assume full responsibility for your care and mobility.*

**No. Sharing Room / Cost Per Person: 1 Person (\$1,050) 2 Persons (\$775) 3 Persons (\$650) 4 Persons (\$575)**

**Options**

- Travel Guard Trip Cancellation & Interruption Ins, add: \$90/Single; \$75/Double; \$57/Triple & Quad
- Hotel Room Type (Circle): Single    Double    Triple    Quad

**For Information or to Make Reservation:** Call Trish Di Lullo at (256) 233-8184 or Email trish.dilullo@athens.edu

**Checks Payable to:** ASU Alumni / Purpose: Chicago 2011

**Mail Checks to:** Athens State University, Attn: Trish Di Lullo, P.O.Box 70, Athens, AL 35612

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**RESERVATION FORM**  
**Athens State University Alumni - Chicago Express**  
**May 27 - 31, 2011**

Name(s) \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone \_\_\_\_\_ Emergency Name & Phone: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Roommate(s) \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Smoking Room? \_\_\_\_\_ Limited Mobility? \_\_\_\_\_ Diabetic? \_\_\_\_\_ Desire Trip Insurance? \_\_\_\_\_

*NOTE: If you have a disability that prevents your independence, you must be accompanied by a travel companion that will assume full responsibility for your care and mobility.*

Cost Per Person: Single (\$1,289) Double (\$1,079) Triple (\$1,019) Quad (\$979)

**Options**

Travel Guard Trip Cancellation & Interruption Insurance: Add \$96pp (Single fares add \$20pp)

Amtrak Superliner Roomette (2 per room) - Add \$100pp (6 available - first come, first serve)

Amtrak Bedroom (2 per room) - Add \$315pp (4 available - first come, first serve)

Checks Payable to ASU Alumni / Purpose: Chicago 2011;  
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**RESERVATION FORM**  
**Goodtime Travel Tours**

Email address: \_\_\_\_\_

Name(s) \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Phone \_\_\_\_\_ Emergency Name & Phone No. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Roommate(s) \_\_\_\_\_ Phone \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Smoking Room? \_\_\_\_\_ Limited Mobility? \_\_\_\_\_ Diabetic? \_\_\_\_\_ Desire Trip Insurance? \_\_\_\_\_

*NOTE: If you have a disability that prevents your independence, you must be accompanied by a travel companion that will assume full responsibility for your care and mobility.*

	<b>Tour Name</b>	<b>Tour Date(s)</b>	<b>Deposit Attached</b>	<b>Trip Insurance \$</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**NOTE: Please Make Separate Checks for Each Tour**

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**RESERVATION FORM**  
**Goodtime Travel Tours**

Email address: \_\_\_\_\_

Name(s) \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Phone \_\_\_\_\_ Emergency Name & Phone No. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Roommate(s) \_\_\_\_\_ Phone \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Smoking Room? \_\_\_\_\_ Limited Mobility? \_\_\_\_\_ Diabetic? \_\_\_\_\_ Desire Trip Insurance? \_\_\_\_\_

*NOTE: If you have a disability that prevents your independence, you must be accompanied by a travel companion that will assume full responsibility for your care and mobility.*

	<b>Tour Name</b>	<b>Tour Date(s)</b>	<b>Deposit Attached</b>	<b>Trip Insurance \$</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**NOTE: Please Make Separate Checks for Each Tour**

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