

The CDHSAA

Pigeon Forge and

Smoky Mountains Show Trip

Visit Pigeon Forge, Gatlinburg, and the Smoky Mountains

**5 Days – 4 nights, October 7 -11, 2019**

*Trip Registration Form*

**For trip details or questions see the attached flyer or** **Contact: Bonnie Johnston - (717}761-2592;**

**Cell (717) 991-2296; email** [**bjohnston@pa.net**](mailto:bjohnston@pa.net) **or call Karen Mummert - (717) 469-4156.**

Please make all payments by check - **payable to: *CDHSAA***

Complete this form and mail it along with your deposit or full payment to:

Bonnie Johnston

6207 Lookout Drive   
Mechanicsburg, PA 17050

**---------------------------------------------- Cut here -------------------------------------------------------------------**

**Name**: \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State\_\_\_\_\_** **Zip**:\_\_\_\_\_\_\_\_  **Home Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Roommate's Name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for double occupancy hotel rates)

          CDHSAA Lifetime Member? Yes \_\_\_\_\_ **($530 PP rate**) No\_\_\_\_\_   **($535 PP rate**)

(Add **$195.00** for a SINGLE room)

Total Amount Due: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A $75.00 deposit per person is due by 05/18/19** \_\_\_\_or Payment in Full\_\_\_\_ *(Check one)*

            Amount Enclosed: $ \_\_\_\_\_\_\_\_\_\_\_\_            (***Make Checks Payable to: CDHSAA***)

**Balance Due by** **07/31/19** (if applicable): $ \_\_\_\_\_\_\_\_\_\_

(Refundable if cancelled 2 weeks before departure)

**EMERGENCY Contact** –

(Please list a Name & Phone # of someone not traveling with you)

**Please indicate any *Special Needs Request or Dietary Restrictions:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**\*(Note: \*One form per traveler is required unless all information is the same for both people)**