‘Foluke Cultural Arts Center
WASHINGTON, DC BUS TRIP TO THE National Museum of African American History and Culture June 15 – 18, 2017- Come Join Us!’

THURSDAY	FRIDAY	SATURDAY	SUNDAY
Leave from Cleveland @ 10PM Lakefront Bus Terminal Secured parking available	Arrive in Washington DC 11AM Timed entry to Museum	10AM Timed Entry to Museum	Leave Washington DC 12PM

Travel Arrangements by R J Cansler & Assoc. of Dream Vacations
(216) 529-2539 rcansler@dreamvacations.com

This is a fundraiser for a Cleveland area non-profit. Prices listed include roundtrip bus fare from Cleveland, OH, Two night hotel stay at the Holiday Inn Capitol, and two timed passes to the museum. Other than the timed entry passes to the museum, travelers are free to plan their Washington DC visit as they see fit.

Single – (1 Occupant) - $540.00
Double – (2 Occupants) - $340.00 per person
Triple – (3 occupants) – $310.00 per person
Quad – (4 occupants) - $290.00 per person
***Hotel rooms are capacity controlled by the hotel, no more than 4 occupants per room.**

Travel Accommodations

Transportation	Lodging
Coach USA LAKEFRONT LINES	Holiday Inn Holiday Inn Washington Capitol

Minimum deposit is $50 per person (non-refundable) and is due at the time of booking to reserve your hotel room, your seat on the bus, and two timed museum passes. Travel protection is available at a separate rate and is highly recommended.

PAYMENT DATES: #1. by January 28, 2017 #2. by February 28, 2017 #3. by March 28, 2017
FINAL PAYMENT DUE April 28, 2017

CHECKS AND MONEY ORDERS MADE PAYABLE TO:
DREAM VACATIONS

(Major Credit Cards are also accepted: VISA, MC, American Express, & Discover)

MAIL PAYMENTS TO:
DREAM VACATIONS
1488 Wyandotte Avenue
LAKEWOOD, OH 44107
Final Payment due April 28, 2017

Dream Vacations A CRUISEONE COMPANY Start Here CLIA CRUISE LINES INTERNATIONAL ASSOCIATION

R. J. Cansler & Associates, Lakewood, OH 44107
(216) 529-2539
E-mail – rcansler@dreamvacations.com
Visit us on the web - www.worldtravelgetaways.com

Dream Vacations Registration Form

Travel Dates _June 15 – June 18_**Destination**:_Washington, DC, NMAAHC__**Purpose**:__Fundraiser_____ __

Please provide the following information. Indicate each person that will be sharing your cabin. Please print in ink.

PASSENGER INFO

#1. Full Name _____ Date of Birth: _____

Address: _____ City State&Zip: _____

Phone: _____ Email: _____

#2. Full Name _____ Date of Birth: _____

Address: _____ City State&Zip: _____

Phone: _____ Email: _____

#3. Full Name _____ Date of Birth: _____

Address: _____ City State&Zip: _____

Phone: _____ Email: _____

#4. Full Name _____ Date of Birth: _____

Address: _____ City State&Zip: _____

Phone: _____ Email: _____

A Vacation Protection plan is available to protect your investment in your vacation. The cost is per person based on your trip total and insures the individuals who purchase it. A quote is available upon request.

Do you desire Vacation Protection? Yes___ No___

ROOM INFO:

Do you require a modified cabin for handicapped/wheelchair access'? Yes_____ No_____

Bedding configuration: **Queen** (2 per room) **Roll-A-Way-Bed** (not available) **Crib** (not available)

DEPOSIT INFO: Minimum $50.00* per person deposit is due to reserve your room, seat on the bus, and museum pass.
PAYMENT DATES: #1 by January 28th, #2 by February 28th , #3 by March 28th , FINAL PAYMENT DUE APRIL 28th .
ALL MAJOR CREDIT CARDS ACCEPTED, VISA, MC, VISA/MC DEBIT CARDS, AMEX, DISCOVER
CHECKS, MONEY ORDERS MADE PAYABLE TO *DreamVacations* AND MAILED TO THE ADDRESS BELOW

Name on the card: _____ **Amt to Charge: $**_____

Address: _____ **City:**_____ **State:**_____ **Zip:** _____

Card Number_____ **3-4 digit CVV Code**_____

Signature:_____**Date:**_____

***$50 pp NON-REFUNDABLE DEPOSIT**

SPECIAL NEEDS: ***Please list any special needs, celebrations, etc.***

_____

_____

_____

Dream Vacations • 1488 Wyandotte Rd. Lakewood, OH 44107 • (216) 529-2539