



OREGON'S CIVIL WAR NOVEMBER 29 – DECEMBER 1, 2019

Ever wanted to go to the Civil War Game between the Oregon Beavers and the Oregon Ducks? Well here is your chance! Adventures by Gina is making that dream a reality!

\$550.00 per person includes:

- Your accommodations with breakfast daily
- Ticket to the game
- Round-trip transfer from Portland to Eugene
- Shuttle to the game and back to hotel
- After game dinner gathering!

Space is limited - Call Gina 503-927-0649 or email adventuresbygina@outlook.com for more details and reserve your place. A deposit of \$200.00 per person will hold your place and final payment is due by September 15, 2019.

Your trip includes:
ACCOMMODATIONS

BREAKFAST

GAME TICKET

**ROUND-TRIP
TRANSFER
FROM
PORTLAND
TO EUGENE**

**SHUTTLE TO THE
GAME AND BACK**

**AFTER GAME
GATHERING**



C.P. TRIPS, INC.

Cindy 503-658-5646

www.cptripsinc.com for more details



OREGON'S CIVIL WAR

NOVEMBER 29 – DECEMBER 1, 2019

For Reservations contact:
Cindy Passannante / 503-658-5646 / cptrips@aol.com

A deposit of \$200 per person is due upon reservation. Reservations are made on a first come, first served basis (space is limited). Reservations made after the deposit date of October 30, 2018 are based upon availability. Final payment due by November 1, 2019. A cancelation fee \$ 75.00 per person is due until final payment. Once final payment is made the package is non-Refundable.

Please print clearly your full name (first/middle/last) as it appears on your government issued ID and travel documents.

Traveler One:

First: _____ Middle: _____ Last: _____

Nickname: _____ Gender: [] male [] female Date of Birth: ____ month ____ day ____ year

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Cell: _____

Email: _____

Traveler Two:

First: _____ Middle: _____ Last: _____

Nickname: _____ Gender: [] male [] female Date of Birth: ____ month ____ day ____ year

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Cell: _____

Email: _____

Room type: ____ Double ____ Single **Travel Insurance:** ____ Yes ____ I decline Date: ____/____

Payment method: Cash Amount _____ Date ____/____

Name on card: _____

Card number: _____ Expiration: ____/____ Security code: _____

Amount: _____ Date: ____/____

Billing Address: _____

City _____ State _____ Zip _____

Phone: Cell _____ Home _____

Email: _____

I hereby sign and agree to the terms and conditions of this form: _____