



GIRLZ ADVENTURE AT THE BEACH AUGUST 1 – 4, 2019

Come meet the friends of Adventures by Gina at the Shilo Inns and Suites in Newport, Oregon.

\$660.00 per person (double), will include:

- Your hotel, most meals, with product demonstrations, a driver and fun

This is the time to see what new and unique attributes there are just waiting to be discovered for yourself.

Go to the Oregon Aquarium, go to Chinook Winds Casino, walk on the beach. Plus so many other things in the area. Capture the beauty of our ladies and nature around us.

This will be a fun filled weekend for just us girlz (of all ages)!

A \$200 deposit is due at sign up. A \$100 fee will be charged if you cancel before June 15, 2019. You must pay in full by June 30, 2019. No refunds after paid in full.

- Your trip includes:
- ACCOMMODATIONS**
 - MEALS**
 - PRODUCT DEMOS**
 - TRANSPORTATION**
 - SIDE TRIPS**
 - ADVENTURE**
 - A FUN FILLED WEEKEND WITH THE GIRLZ**



C.P. TRIPS, INC.

Gina 503-927-0649

www.cptripsinc.com for more details



GIRLZ ADVENTURE AT THE BEACH

AUGUST 1 – 4, 2019

For Reservations contact:

Gina Thorsen / 503-927-0649 / adventuresbygina@outlook.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 June 15, 2019 are based upon availability. Final payment due by June 30, 2019. A cancelation fee \$100 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: _____