SSOMS K-Club Resort
Post Meeting Registration Form

May 9-11, 2027

Traveler 1 (per passport):	_____
Date of Birth:	_____
Passport Number:	_____
Passport Expiration:	_____
Traveler 2 (per passport):	_____
Date of Birth:	_____
Passport Number:	_____
Passport Expiration:	_____
Street Address:	_____
City / State / ZIP:	_____
Home Phone:	_____
Mobile Phone:	_____
Email:	_____
Rooming With (if applicable):	_____

____One night package – double occupancy $899 (total price for two)

____Own night package – single occupancy $749

____Two night package – double occupancy $1,349 (total price for two)

____Two night package – single occupancy $1,199

Payment Information

Deposit: 25% of total trip price (non-refundable)
Balance due 90 days prior to arrival

Payment Method: ☐ Check (payable to Custom Travel & Cruise) ☐ Credit Card

Card Type	_____
Card Number	_____
Expiration	_____
Security Code	_____

Name on Card	_____
Billing Address	_____

Use this card for final payment when due: ☐ Yes ☐ No

Departure Airport: _____

Travel Insurance

☐ accept travel insurance (Initials _____) ☐ decline travel insurance (Initials _____)

Additional Information

Emergency Contact (Name / Phone / Email)	
Physical ailments or special needs	
Trouble walking?	
Food allergies (please list)	
Friends/family to receive brochure (name & email/address)	

Return Registration Form To

Linda Kinsey
Custom Travel & Cruise
4494 Stratford Drive
Douglasville, GA 30135
Office: 770-949-1133
Cell: 770-855-8244
linda@customtravel-cruise.com

Kabrina Means
Custom Travel & Cruise
3766 Vickers Lake Dr.
Jacksonville, FL 32224
305-903-3418
kabrina@customtravel-cruise.com