

of greater south texas



WHO:

Girls who have completed 6th grade and are members of Girl Scouts of Greater South Texas in July 2019 may enroll.

GSGST Travel Committee members serve as chaperones for this trip.
A registered adult may register if she turns in her registration with 4 girl registrations.

WHEN:

Tentative Date: 2nd week of June 2019

Official tour dates are selected when flight information and pricing become available. Please plan for 4 days before the start or after the end of this week as we try to find the best price on airfare and hotel.

GSGST Fee: \$1500-\$1700 Minimum: 10 girls Maximum: 20 girls

The exact cost of this tour will depend on cost of flights at the time tickets are booked. Firm dates will be set after enrollment ends and place tickets are purchased. The final cost will be determined soon after that.

REFUNDS will only be issued in the event that the council cancels the trip. NO other refunds will be granted.



CHICAGO ITINERARY:

Your 6-day/5-night tour of Chicago will include:

- Airfare to and from Chicago
- Hotel accommodations
- Meals
- Transportation within the city and to/from airport
- Entry to at least SIX city attractions chosen by the girls (such as: 360 Chicago, Skydeck at Willis tower, Art Institute, History or Science and Industry Museums and more!)
- Sightseeing at Millennium Park, the Cloud Gate and River Walk
- Trip's T-Shirt
- Patch

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Payment DUE Dates:

- \$350.00 to reserve your place
- 2nd payment of \$500 by March 22nd
- Total remaining balance by May 17th

How to register:

Fill out the registration form in this packet and submit with \$350 NON-REFUNDABLE deposit before January 25, 2019.

For more information contact:

Name: Alejandra Llamas Phone: 956-655-1786

Email: travel@gsgst.org



Chicago 2019

Full Legal Name		Troop #		
Address	City. Zip			
Phone ()	Email _			
Can we send your welcome packet	by e-mail to sav	ve paper? ○ Yes	○ No	
T shirt size- Circle one YL	AS AM	AL AXL A2X	KL A3XL	
Level: OCA OSR OAM Gra	ade: §	School		
Birthdate (mm/dd/yyyy)Special needs / medical conditions				
Parent/Guardian Name(s):				
Mother/Guardian: Cell phone		Email		
Father/Guardian: Cell phone	Email			
Emergency Contact (Other than pa	rents)		Phone	
TOTAL REGISTRATION FEE	MINIMUM DUE WITH REGISTRATION		TOTAL PAYMENT ENCLOSED	
\$1500-1700	\$350.00		\$	
PAYMENT BY CREDIT CARD				
Please charge my: OVisa OMC	Obiscover	Credit Card#		
Exp. Date Billing	g Zip code Security / V-Code			
Print your name as it appears on your	card:			
Signature				
I have read and agree with the program	m information, payn	nent schedule, and refund	policy and give my daughter/ward permission dless of whether my daughter/ward actually	
			s may be used for promotion or as deemed material, publicity, and digital media, free of	
Parent/ Guardian Signature			Date	
OFFICE USE: Date Fe	e Amount	Rec'd by	GSGST staff-send to Melanie Hollan	