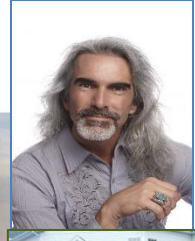


TravelOnly Beyond a Dream & Canadian Christian Tours presents...

SHIPSHEWANA INDIANA GOSPEL MUSIC EVENT

June 5 - 8, 2024

BLUE GATE THEATRE
Shipshewana, IN



Experience this one-of-a-kind destination where you can enjoy a wonderful Amish meal, take a buggy tour & shop at quaint gift shops. Our step-on guide will explain the fascinating culture & history of the area. Then enjoy 2 great Gospel concerts at the 1500-seat **Blue Gate Performing Arts Center** featuring **Guy Penrod, Lynda Randle, Joseph Habedank & The Gaither Vocal Band** followed by a buffet dinner. Book early as this tour could sell out! Depart St Catharines at 8 am (June 5) & a stop in Burlington. Return at 5 pm (June 8).

Includes 6 meals (3 breakfasts, 2 lunches & 1 dinner) hotel & concert tickets

- **Round-trip Motorcoach transportation from Burlington & St. Catharines**
 - 3 Nights' Accommodation
 - Reserved seating at both concert events
 - Shipshewana Tour
 - Hot breakfast every morning, 2 lunches & 1 dinner
 - All taxes (itinerary subject to change without notice)

Not included in price: Meals other than indicated & Gratuities for Motorcoach Driver

Double \$899 CAD per person

Triple \$879 per person / Quad \$859 per person / Single \$1049

Payable by Credit Card (Visa, MasterCard or American Express) or by Cheque payable to **TRAVEL ONLY**

Deposit of \$100 CAD per person at time of booking. Balance due March 1, 2024

Refundable until March 1, 2024 /\$25 per person cancellation fee applies

After March 1, 2024 – trip is non-refundable however it is transferable

Price is subject to change prior to final payment based on the Canadian/US Exchange rates

(trip is dependent on minimum number of reservations by March 1, 2024 / no cancellation fee if trip is cancelled)

To book your trip, or for more information, contact:

Dave Smith at 905-641-3053 / 1-877-641-3053

Travel Only Beyond a Dream & Canadian Christian Tours

Email - BeyondaDream@Travelonly.com / Website - www.beyondadream.ca



TravelOnly Corporate Office 519-752-4363 / TICO #04316071



SHIPSHEWANA INDIANA GOSPEL MUSIC EVENT – JUNE 5 - 8, 2024

BOOKING FORM

If you have not travelled with us before, or if your information has changed, please complete this form.

Single parties please complete 1 form each / Couples complete only 1 form

Send booking form by: E-mail beyondadream@travelonly.com or Mail with form(s) & passport photocopy to
TravelOnly Beyond a Dream, PO Box 20373, St. Catharines ON L2M 7W7
(don't email credit card numbers, please phone in the number)

Legal Name as it appears on your I.D. (Please print) ↕ Usually called ↕ Birthdate (month/day/year)

Legal Name as it appears on your I.D. (Please print) ↕ Usually called ↕ Birthdate (month/day/year)

Address ↕

Citizenship ↕

City & Province ↕

Postal Code ↕

Home Phone # ↕

Alternate Phone # (i.e. work or cell) ↕

E-mail Address ↕

Emergency Contact: Name ↕

Relationship ↕

Home Phone # / Alternate Phone # ↕

Special Needs (ie. use wheelchair) / Diabetic / Drug Allergies (please list) / Food Allergies (please list) ↕

Please cross-reference me with the following people (for travelling & hotel accommodations): ↕

If you are celebrating a special event, please indicate below: ↕

Number of passengers ____ x \$ _____ = _____ (Total cost of trip)

I authorize Travel Only Beyond a Dream to process the above transactions to my credit card.

Credit Card # _____ Expiry Date _____ Security Code _____

Card Holder Name _____ Signature _____ Date _____

For credit card charges requested on a card in which the card holder is not travelling with this tour, a
Third Party Authorizaton Form will be requested.

TRAVEL INSURANCE: Yes please contact me with quotes for (Please check one):

All Inclusive (includes Cancellation & Medical) or Cancellation only or Medical only

No I have insurance elsewhere and do not wish to receive a quote. By signing below I am declining all travel insurances. I understand that I will assume all financial loss associated with my travel arrangements and will not hold Travel Only Beyond a Dream, or their Agents responsible for any expenses incurred before or during my trip.

Signature (declining insurance) _____ Date _____

____ Please initial if you would like to receive occasional emails from us to inform you about our upcoming trips.