



2026 Ladies' Dollywood Dream Trip

RESERVATION FORM

MAIL this completed form with credit card or check payment to:

Aladdin Shriners
ATTN: 2026 LADIES' TRIP
1801 Gateway Circle
Grove City, OH 43123

OR drop it off to the same address with your payment.

(PLEASE MAKE YOUR CHECK PAYABLE TO **ALADDIN SHRINERS** & PUT "2026 LADIES' TRIP" IN THE MEMO LINE.)

IF YOU NEED HELP WITH SECURING A ROOMMATE OR ROOMMATES, the Aladdin Shrine office can help. If you do not have a roommate chosen, leave the Roommate Name sections blank, then select the number of roommates you would like to have in the payment section at the bottom of this form. We will automatically match up those without named roommates.

LADY'S NAME (First & Last)	ROOMMATE NAME #1 (First & Last)	
ROOMMATE NAME #2 (optional)	ROOMMATE NAME #3 (optional)	
STREET ADDRESS		
CITY	STATE	ZIP CODE
EMAIL	CELL PHONE	

EMERGENCY CONTACT

EMERGENCY CONTACT FULL NAME	EMERGENCY CONTACT PHONE
EMERGENCY CONTACT EMAIL ADDRESS	EMERGENCY CONTACT RELATIONSHIP

**To hold your reservation, you must remit a minimum deposit of \$200 at the time of this form submission.
Full payment of the remaining balance is due ON OR BEFORE JANUARY 31, 2026.**

OF ROOMMATES / TOTAL AMOUNT DUE

- ☐ \$849 per person (2 per room)
☐ \$649 per person (3 per room)
☐ \$549 per person (4 per room)
☐ Self-Driving *(Subtract \$50 from your total due)*

TOTAL DUE: \$ _____

DEPOSIT: \$ _____

BALANCE: \$ _____

PAYING BY: ☐ CASH ☐ CHECK ☐ CREDIT CARD

TODAY'S CHARGE: ☐ DEPOSIT ONLY ☐ FULL AMOUNT

CREDIT CARD INFORMATION (if paying by credit card)

CREDIT CARD #: _____

NAME ON CARD: _____

EXP DATE: _____

CCV CODE: _____

BILLING ZIP CODE: _____