



DOGWOOD TRAVELERS

7days / 6 nights FALL IN EUREKA SPRINGS, AR

Date: October 20th to October 26th, 2017

Travel with us to Eureka Springs, AR, to see the beauty of the fall foliage in the mountains. We will travel by Deluxe Motor Coach- Chuck's Travel of Tyler. Our Hotel will be the Best Western Inn of the Ozarks, where we will stay for six nights. Price will include 6 breakfasts; 6 dinners; and 4 lunches. Attractions will include War Eagle Mills stop at the Ozarks Crafts Festival; The Great Passion play with dinner at the Great Hall; Turpentine Creek Wildlife Refuge by trolley; Intrigue Theater; Thorncrown Chapel; Ghost Tour of the Crescent Hotel w/dinner; Belle of the Ozarks paddlewheel tour on the lake with lunch; Keels Creek Winery tour and tasting; Ozark Mountain Hoedown (one of the oldest shows in the Ozarks); and Railway of the Ozarks dinner ride. We will have breakfast each day at the famous Myrtie Mae's restaurant located at the Inn, and some lunches and dinners. There will be plenty of free time to explore and shop on your own with access to the Eureka Springs Trolley right at the Inn.

PER PERSON: *DOUBLE: \$1388 *TRIPLE: \$1288 *QUAD: \$1238 *SINGLE: \$1758

Payment schedule:
\$150 deposit is due by September 1, 2017 . Final payment due no later than September 17th 2017. REGISTER BY JULY 24th AND RECEIVE A \$100 DISCOUNT.

Cancellations: WE RECOMMEND PURCHASING TRIP CANCELLATION INSURANCE!! Cancellations made prior to September 20th , can be refunded, however, no refunds can be made after this date. **UNLESS** you have the insurance. To sign up for Travel Insurance you need to request a form. You would then fill it out and mail directly to the company.

MAIL PAYMENTS TO: Meals on Wheels of Palestine, Inc.; P.O. Box 1365; Palestine, TX 75802, or come by Palestine Senior Center, 200 North Church Street, Palestine, TX . For more information: call (903) 729-6344, or email palestinesac@gmail.com.

CLIP AND RETURN WITH PAYMENTS:

NAME _____ **PHONE** _____

ADDRESS _____

ROOMMATES NAME _____

EMAIL ADDRESS _____ **SMOKING** _____ **YES** _____ **NO** _____

DOWNSTAIRS IF NO ELEVATOR _____ **YES** _____ **NO.** _____ **KING BED** _____ **2 DOUBLE BEDS** _____

EMERGENCY CONTACT NAME _____ **PHONE** _____

PAYMENTS: DATE: _____ **DEPOSIT /CK.#** _____ **INSURANCE** _____ **CK.#** _____

FINAL PAYMENT _____ **CK #** _____