VFW Auxiliary Mid-Winter February 1-6, 2025

Hideaway at Royalton Riviera Cancun

https://www.royaltonresorts.com/resorts/hideaway-riviera-cancun

Sign-up Form for VTS

The deadline for Sign-up is November 1st, all non-sold space will be released!

| Registered Conference: | gistered Conference: State: | | | |
|-----------------------------------|-----------------------------------|--|--|--|
| passport, you ma Legal names m | y still fill out the form indicat | J.S. Citizens raveling to Mexico. If you don't have a ing that you are applying for one. ncluding middle names/initials. | | |
| Guest 1 | | | | |
| Last Name: | First: | Middle: | | |
| Passport # | Expiration Date | Date of Birth | | |
| Departure Airport | TSA # | Seat preference | | |
| Guest 2 | | | | |
| Last Name: | First: | Middle: | | |
| Passport #Expiration Date | | Date of Birth | | |
| Departure Airport | TSA # | Seat preference | | |
| Guest 3 | | | | |
| Last Name: | First: | Middle: | | |
| Passport #Expiration Date | | Date of Birth | | |
| Departure Airport | TSA # | Seat preference | | |
| Guest 4 | | | | |
| Last Name: | First: | Middle: | | |
| Passport # | Expiration Date | Date of Birth | | |
| Departure Airport | TSA # | Seat preference | | |

Names preferred on name badge. (First and Last) Please note: 1 package per room is sent, so pick the designated person: UPS delivery requires a street address, not a PO Box, for your documents to arrive securely. Please provide the correct information to avoid delivery issues. Street: City, State, ZIP: Phone numbers: Home: _____Cell: _____ Email address: ______ The rates are based on room category. Upgraded rooms are subject to availability. Please submit your forms early to increase your chances of securing an upgrade. Rate includes: • Round-trip transfers to and from Cancun Airport are included in the cost for those who purchased air through Veterans Travel. Transfers may be purchased for \$50.00 per person for those who book airline reservations on their own. 5 nights at Hideaway Royalton Riviera, an all-inclusive resort exclusively for adults Please contact VTS at (800) 325-9377 for early or late stays. No additional space is reserved, but options are available. Special Room Requests: _____

Bedding preference: King _____ Two beds _____

Room Type Options

(Requested room type cannot be guaranteed until a deposit is made.)

| Hideaway Luxury | Jr Suite (560 sq ft) | |
|---------------------------------|-------------------------------------|--|
| | \$1100.73 per person | |
| | \$1651.10 per person | |
| | \$1009.01 per person | |
| | \$ 963.14 per person | |
| Hideaway Luxury Jr Suit | te Ocean View (560 sq ft) | |
| Double Occupancy | \$1234.40 per person | |
| Single Occupancy | \$1851.60 per person | |
| Triple Occupancy | | |
| Quad Occupancy | \$1080.10 per person | |
| Hideaway Luxury Jr Su | ite Swim Out (560 sq ft) | |
| Double occupancy | \$1289.47 per person | |
| Single Occupancy | \$1934.20 per person | |
| | \$1182.01 per person | |
| | \$1128.28 per person | |
| Hideaway Luxury Suite wit | th Terrace Jacuzzi (592 sq ft) | |
| Double occupancy | \$1163.67 per person | |
| Single Occupancy | \$1745.47 per person | |
| Triple Occupancy | \$1066.69 per person | |
| | \$1018.20 per person | |
| Hideaway Luxury Suite Ocean Vic | ew with Terrace Jacuzzi (592 sq ft) | |
| Double occupancy | \$1242.27 per person | |
| Single Occupancy | \$1863.40 per person | |
| Triple Occupancy | | |
| | \$1087.00 per person | |
| Hideaway Luxury Suit | te Swim Out (592 sq ft) | |
| Double occupancy | \$1320.93 per person | |
| | \$1981.33 per person | |
| | \$1210.84 per person | |
| Quad Occupancy | | |
| Hideaway Jr Suite Dia | amond Club (560 sq ft) | |
| Double occupancy | \$1383.80 per person | |
| Single Occupancy | \$2075.73 per person | |
| | \$1268.49 per person | |
| | \$1210.83 per person | |

Hideaway Luxury Jr Suite Ocean View Diamond Club (560 sq ft)

| Double occupancy | \$1537.93 per person | |
|------------------|----------------------|--|
| Single Occupancy | \$2306.87 per person | |
| Triple Occupancy | \$1409.76 per person | |
| Quad Occupancy | \$1345.67 per person | |

Hideaway Luxury Suite Ocean View w/ Terrace Jacuzzi Diamond Club (592 sq ft)

| Double occupancy | \$1585.07 per person |
|------------------|----------------------|
| Single Occupancy | \$2377.60 per person |
| Triple Occupancy | \$1452.98 per person |
| Quad Occupancy | \$1386.93 per person |

Payment Information

To secure your reservation, we require a deposit of \$200.00 per person.

The final payment is due on November 01, 2024.

We accept payments via checks, credit cards, and debit cards.

There are no additional fees for using a credit card or debit card.

For faster confirmation, please email the forms to us.

Veterans Travel Service

406 W 34th Street, Suite 106

Kansas City MO 64111

(800) 325-9377 or val@vtstvl.com

| Travel insurance is re | ecommended. Quote provided at booking. |
|---------------------------|--|
| If interested, travel ins | urance is required for everyone in the room. |
| Interested: | Not Interested: |
| Marriott Bonvoy Numb | er (One person only): |
| (Might not | be eligible with the group discount) |

[&]quot; Please note that the deposits for your room are non-refundable unless we can resell it."

Credit Card information Guest #1:

| Credit card type: Mastercard _ | Visa _ | American Express | Discover |
|--------------------------------|------------|--------------------|----------|
| Card Number: | | | |
| Expiration Date: | Secu | urity Code: | |
| Cardholder Signature: | | | Date: |
| Billing Address: | | | |
| Email address: | | Phone number: | |
| Credit | Card info | ormation Guest #2: | |
| Credit card type: Mastercard _ | Visa _ | American Express | Discover |
| Card Number: | | | |
| Expiration Date: | Secu | urity Code: | |
| Cardholder Signature: | | | Date: |
| Billing Address: | | | |
| Email address: | | Phone number: | |
| Credit | Card inf | ormation Guest #3: | |
| Credit card type: Mastercard _ | Visa _ | American Express | Discover |
| Card Number: | | | |
| Expiration Date: | Secu | urity Code: | |
| Cardholder Signature: | | | Date: |
| Billing Address: | | | |
| Email address: | | Phone number: _ | |
| Credit | : Card inf | ormation Guest #4: | |
| Credit card type: Mastercard _ | Visa _ | American Express | Discover |
| Card Number: | | | |
| Expiration Date: | Secu | urity Code: | |
| Cardholder Signature: | | | Date: |
| Billing Address: | | | |
| | | | |
| Email address: | | Phone number: | |