

CHICAGO CUBS



September 19-20, 2019

Cubs vs. Cardinals

featuring 1 night in Chicago

Inclusions

- Cubs vs. Cardinals (two games)
 - Sept. 19 night game (Section 203*)
 - Sept. 20 afternoon game (Section 204*)
- Motor coach transportation from Cedar Rapids
- Transfers to and from both games
- 1-night hotel accommodation near the Magnificent Mile
- Free breakfast at hotel
- Free Wi-Fi at hotel

*Upgraded seats available upon request.



Thursday, September 19

- Depart Cedar Rapids at 9:00 a.m. (pick-up location TBD)
- Lunch stop along the way (on your own)
- Arrive at hotel (estimated arrival time 2:30 p.m.)
- Depart for Wrigley Field (estimated departure time is 5:00 p.m.)
- Game (7:05 p.m. game time)
- Dinner at Wrigleyville or at Wrigley Field (on your own)
- Depart for hotel 30 minutes after the conclusion of the game

Friday, September 20

- Check out of hotel and depart for Wrigleyville and Wrigley Field (8:30 a.m.)
- Lunch at Wrigleyville (on your own)
- Game (1:20 p.m. game time)
- Depart for Cedar Rapids 30 minutes after the conclusion of the game
- Dinner stop along the way (on your own)
- Arrive in Cedar Rapids (estimated arrival time is 10:00 p.m.)

Price: \$375 per person, based on double occupancy. Single occupancy is \$499 per person. Additional traveler(s) may be added for \$375.00 (same room, maximum of four persons per room).

Payment: Due in full upon booking.

Cancellation Policy: Trip cost is non-refundable. If game is cancelled due to weather, your ticket will be valid for the makeup game.

Travel Insurance

We highly recommend that all passengers purchase travel insurance. Destinations Unlimited, inc. offers comprehensive travel, medical and cancellation or interruption insurance. For complete details, we request that you read the brochure or talk to your agent. If you decline trip insurance, we strongly advise the purchase of travel insurance through another broker.

TRAVELER INFORMATION (One Form Per Household):

1. First _____ Middle _____ Last _____ Birth Date ___/___/___

Cell (____) _____-_____ email _____

2. First _____ Middle _____ Last _____ Birth Date ___/___/___

Cell (____) _____-_____ email _____

Address _____

City _____ State _____ Zip _____

Other phone (____) _____-_____

BED CONFIGURATION: Double King Other requests _____

EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship _____

Cell phone: (____) _____ Other phone: (____) _____

Address: _____ City _____ State _____ Zip _____

Payment Information

Payment due in full upon booking.

If paying with a credit card, please complete and sign below.

Card type _____ Card Number _____ Exp. date ___/___ 3 digit security code _____

I agree to pay according to card issuer agreement.

Cardholder's signature _____ Date _____

If paying with a check, please make check payable to? *FSB*