

The SSA & Sparks Travel Clubs present



The Lodi Grape Festival!

Friday September 18th 2020

We hope you'll join us as we head on down to Lodi. For over 80 years the people of San Joaquin County have been gathering to celebrate the Grape Harvest at the annual Lodi Grape Festival. What started out as a small food festival in downtown Lodi has now evolved into a four-day event filled with great entertainment, food, vendors, grape and commodity murals, competitive exhibits, wine tasting and so much more.

Our Tour Package includes:

Round Trip Motorcoach Transportation from Carson City & Reno; Refreshments on board the Coach; Donation to the Lodi Grape Festival; Entrance into the Festival; Driver Gratuity; fully escorted by Frontier Travel & Tours Team.

**Tour Cost:
\$98.00 per person**

**For More Information please contact
Frontier Travel & Tours
(775) 882-2100**





The Lodi Grape Festival Friday September 18th 2020

Depart from Carson City at 8:00am
Wal-Mart (College Parkway) Parking Lot – Row 9
(Return Approximately 7:00pm)

Depart from Sparks at 8:45am
Baldini's Casino (Southwest corner of lot)
(Return Approximately 6:30pm)

Full Payment due upon sign up

Cancellation refunds made only if your space is resold, less a \$25 per person administration fee.

RESPONSE COUPON

Group Name: **Silver Sierra Adventures/Sparks Travel Club** Tour # **6240**

Tour Name: **Lodi Grape Festival** Tour Date: **Friday, September 18th 2020**

Amount per Person: **\$98.00, Member price** Full Payment due upon sign up.

Enclosed please find a check in the amount of \$ _____ for _____ persons.

Make Checks Payable to: **Frontier Travel & Tours, Mail to: PO Box 22300, Carson City, NV 89721**

Please indicate which club you travel with: _____ SSA _____ Sparks

Name(s): _____

Address: _____ City _____ St _____ Zip _____

Phone #: _____

I have read and accept all terms and conditions outlined in the flyer including the tour conditions and cancellation penalties.

Signature: _____ Date: _____

Please explain Special dietary or physical requirements: _____

PLEASE COMPLETE THE FOLLOWING ONLY IF YOU WISH TO PAY BY CREDIT CARD: We will call you for card number unless we have your card information on file.

I would like to charge this tour to my: _____ Visa _____ MasterCard _____ Discover

Name as it Appears on Credit Card: _____

Last 4 numbers on Credit Card _____ Exp. Date: _____ CID# _____

Amount to be charged to credit card: \$ _____. I herewith authorize the Issuer of my credit card to provide full payment In Advance for the services I have contracted to receive. I also agree to perform the obligations set forth in the Cardholders agreement with the Issuer.

Signature _____ Date: _____