

BROOKGREEN GARDENS NIGHT OF A THOUSAND CANDLES

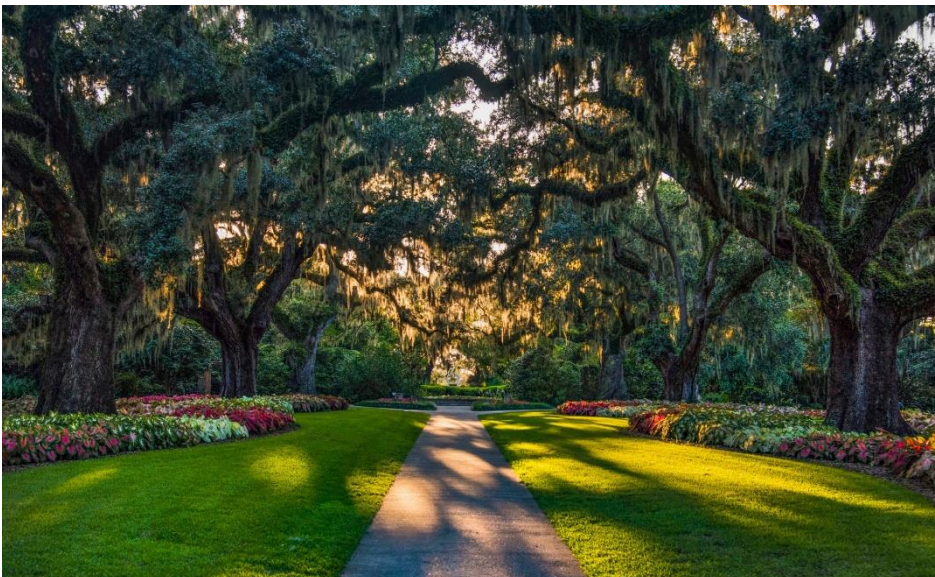
ST. PAULS ANGLICAN CHURCH

DECEMBER 8, 2022
TRIP #15368



EXCURSIONS UNLIMITED BY KELLY TOURS | 2788 US HWY 80 W, GARDEN CITY, GA | (912) 964-2010

A magical night out awaits you at Brookgreen Gardens! Located near Myrtle Beach, SC, Brookgreen Gardens comes to life amid the soft glow of more than 4,500 hand-lit candles and countless sparking lights. We will depart St. Paul's of Summerville at 2pm and arrive at the gardens around 4pm with plenty of time to explore. Wander the pathways with a warm cup of cider as you listen to the sounds of hand bells ringing and carolers singing. Celebrate the season with family and friends around the 80-foot-tall fir tree decorated with 70,000 lights. Dinner is on your own inside the garden. Named "Best Christmas Lights in South Carolina" by Travel + Leisure Magazine. We depart for home this evening and arrive back at the church around 10:30pm after a great trip!



PACKAGE PRICE

\$135.00 per person

*Package is based on a minimum of 20 travelers.

Deposit:

\$50 per person due upon booking

Final Payment:

Balance per person due November 15, 2022

Includes: Roundtrip motor coach transportation, programs and activities as listed, snacks and drinks along the way, travel arrangements, and all taxes.

COACH TRANSPORTATION

Coaches will be thoroughly cleaned and sanitized prior and during each trip & hand sanitizer stations will be placed at bus loading areas and will be available onboard. Face masks are encouraged onboard. Passengers must follow local guidelines laid down by the venues and locations.

TOUR ESCORT

A Kelly Tours travel representative will accompany the group to all destinations to oversee the trip and take care of all travel arrangements and details.

TO CONFIRM RESERVATIONS

Reservations will be accepted on a 1st come 1st serve Basis. It is important that reservations and deposits be made at the earliest possible date to ensure availability of a particular tour. Reservations will not be accepted without initial deposits.

www.KellyTours.com
(800) 442-6152
KellyTours@KellyTours.com

PAYMENTS

Credit card payments can be made online at www.KellyTours.com or by phone (800) 442-6152. Make check payments payable to Kelly Tours and mail to your local office address. If you have a credit on your account, please feel free to use it on this trip.

SAVANNAH, GA
2788 US Hwy 80 W
Savannah GA 31408

CHARLESTON, SC
6484 Savannah Hwy.
Ravenel, SC 29470

OPTIONAL TRAVEL INSURANCE

Please contact "Travel Insured" directly at 1-800-243-3174 & reference Kelly Tours account #44945 or online at :
<http://www.travelinsured.com/agency?agency=44945>
Please confirm with "Travel Insured" ref. their current Covid-19 policies.

FINAL LETTER

A final trip letter will be provided three weeks prior to the trip outlining pick up and drop off points, departure and return times, hotel details, a current itinerary and any local Covid 19 restrictions.

CANCELATION

No cancellation penalty if a trip is cancelled 60 days prior to departure. 50% cancellation penalty if a trip is cancelled 59-45 days prior to trip departure. 100% cancellation penalty if trip is canceled within 44 days of trip departure. If Kelly Tours is forced to cancel the trip due to the reason of Covid-19 Force Majeure, full refund minus \$49.00 administrative fee or a Full Credit to your account is available.

LIABILITY & INDEMNIFICATION

By booking, financially committing to and physically traveling on a trip with Kelly Tours, passenger(s) do so at their own risk and will indemnify Kelly Tours and Kelly Tours employees in totality against any claim(s) resultant to any actual or perceived harm caused by potential exposure to Covid 19. In addition, passenger(s) will not hold Kelly Tours or Kelly Tours employees liable for any actual or perceived harm caused by potential exposure to Covid 19 during a trip.

Cut across this line and send form in with payment

Brookgreen Gardens

December 8, 2022

Trip#15368

Name _____

Birthday _____ Male _____ or Female _____

Address _____

City, State, Zip _____

Home# (_____) _____ Cell# (_____) _____

All receipts are sent by email. Email _____

Emergency Contact #1 Name _____ Phone# (_____) _____

Emergency Contact #2 Name _____ Phone# (_____) _____

Food Allergy or special need _____