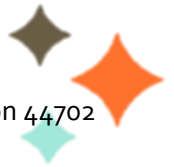


2017 Trip Registration



Phone: 330-455-8111 Mail: 601 Cleveland Ave NW Suite D Canton 44702
Fax: 330-479-9260 E-mail: bobPRassistant@gmail.com

Legal Name of Traveler: _____

Shirt Size: _____ (Exactly as it appears on State Issued ID)

Preferred Name: _____

SSA: _____ Phone: _____

Guardian: _____ Phone: _____

Primary Contact: _____ Phone: _____

Residential Agency: _____ Phone: _____

Payee: _____ Phone: _____

The best person to mail info to is: _____

Their Address: _____

City: _____ State: _____ Zip: _____

E-mail of contact person: _____

Wheelchair needed? YES/NO If yes, can you transfer? YES/NO

Any other special accommodations needed? YES/NO

If yes, what: _____

My Trip Choices

Numbers: _____

Payment Plan



I am...

_____ Paying in full now. The amount is: _____

_____ Sending in the deposit now and will pay in full by the date listed on my trip. The deposit amount is: _____

_____ Going on a payment plan. I will make _____ payments of \$_____. Please look for my payments _____

_____ (ex: first of every month, every other month, etc.)

_____ Please call me regarding my payments. Contact name and phone number: _____

