



REGISTRATION

Legal Name of Traveler: _____
(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*:

*Your reservation on these trips is not official until a deposit is received .

Payment CHOICE

I am...

Paying in full now. The amount is: _____

Sending in the deposit now and will call to set up a payment plan

The deposit amount for all trips chosen is: _____

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