



2019 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: _____

(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:

1. _____

3. _____

2. _____

4. _____

***Your reservation on these trips is not official until at least the deposit amount is received**

PAYMENT CHOICE

I am...

☐ Paying in full now. The amount is: _____

☐ Sending in the deposit now and will receive an invoice for the balance of my trip price. The deposit amount for all chosen trips is: _____

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

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