

Bus Trip Registration form---Registration of \$100 each participant due at registration

DO NOT LIST 2 PEOPLE ON FORM – EACH TRAVELER MUST FILL OUT SEPARATE FORM.

****PLEASE DO NOT SEND OR TAKE FORM TO THE YMCA – they cannot register you and your check may get lost!!!**

Please fill in the form below and **mail this form and deposit (made out to YACA) to P.O. Box 6, Fremont, OH 43420.** If you have any questions, please call or text 419-307-7567. You may leave a message and I will get back to you. Email is dreiter99@gmail.com. Depending on the number of checks I have, I will deposit every 1-3 weeks. Your cancelled check serves as your receipt!!! If you don't see your cancelled check, or you just want to check, you may call, text or email me! If not, contact me, so we can resolve any problems that may have occurred.

Name of Trip you are registering for: _____

Date of Trip: _____

Your Name: _____

Birthdate(must be over 21 if trip includes casino (will say on flyer) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Email address: _____

Roomate Name (Staying in the same room as you - for this trip only): _____

Do you prefer two separate beds or one King bed? _____

Special bus requests(ONLY honored for medical purposes): _____

Allergies (food, medical, etc.) _____

Emergency Contact/number: _____

2nd Emergency Contact(Optional): _____

If you wish, Trip Insurance must be purchased separately on your own. Please consult insurance paperwork.

By signing up for this trip, you are ensuring that you are Physically and Mentally responsible, and will not be disrespectful or distracting to other passengers. If you require help for mobility, you **MUST** have your own able-bodied caretaker for this trip. YACA and group leaders are only acting as an agent for the applicant and shall not be liable for any loss of or damage to baggage or property; for any loss injury, personal injury, death, accident, delay, inconvenience or other loss occurring during or caused by applicant's participation or lack of participation on this tour. PLEASE be sure to carry a list of your medications (and allergies) on your person while on the trip. (I will not be asking for (or retaining) your medical information, unless stated otherwise, other than on this registration form). We reserve the right to refuse participation in this trip to anyone for any reason.

Signature: _____ Date: _____
