

**PLEASE RETURN THIS FORM PROMPTLY to:**

Discoveries

P.O. Box 1354, Harrisburg, PA 17105-1354

or fax to: 717-657-3547

**AAA Escorted Motorcoach Trip**

**Discover Your Adventure™**

**Charleston, Savannah &**

**The Golden Isles of Georgia**

**Group #5620**

I/we will board the motorcoach in (check choice):  Harrisburg  Lancaster

**\*\*PLEASE USE ONE FORM FOR EACH PASSENGER\*\***

Name of registrant: \_\_\_\_\_ Name preferred on badge: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone number: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of Emergency, please notify: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Physical Disabilities and/or Health Conditions: \_\_\_\_\_

**Please keep in mind this trip involves walking. For personal comfort, group participants who require assistance are advised to have a traveling companion who is capable of and totally responsible for providing assistance throughout this trip.**

**Special requirements/request:** \_\_\_\_\_

**RATES PER PERSON (based on double occupancy)**

**Single \$2,389**  **Double \$1,819**  **Triple \$1,649**  **Quad \$1,559**

**PAYMENT**

\$300 per person deposit due at the time of booking to confirm your reservation. Final payment is due to AAA by January 13, 2020.

**Solo Travelers Rewards Club maximum voucher redemption: \$100**

**CANCELLATION/PENALTIES:**

A \$25 per person cancellation fee will be charged by Discoveries in addition to any other supplier's fees. From January 13, 2020 to day of departure no refunds.

Personal Check, or VISA or MasterCard are accepted for this group trip.

Check (made payable to **AAA Travel**) is enclosed, OR Credit Card:  VISA  MasterCard (check choice)

Cardholder's Name (as shown on card): \_\_\_\_\_

Credit Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**AAA ESCORTED MOTORCOACH TRIP**  
**Charleston, Savannah & The Golden Isles of Georgia**  
**March 28 - April 3, 2020**

Please complete the reverse side of this page and return it with your payment to AAA Travel.

All Trip Registrants must read and sign the following:

**To the best of my/our knowledge, I am/we are in good state of health and suffering from no physical condition which might be detrimental to my/our own safety, comfort and convenience and that of the other participants during this trip. If any participant named on this registration form HAS A SPECIFIC PHYSICAL CONDITION, DISABILITY, ALLERGY OR DIETARY REQUIREMENT THAT MAY REQUIRE SPECIAL ATTENTION OR TREATMENT, such details must be reported on this form.**

I/we have read and understand and agree to conditions as set forth in the tour flyer, especially regarding payments, cancellations, refunds and responsibilities of the AAA Travel, as tour operator and agent for the trip participants.

Signature(s) of Registrant(s) listed on this form: \_\_\_\_\_

\_\_\_\_\_

**Travel Insurance:**

I/We acknowledge that AAA has offered insurance covering trip cancellation/interruption for covered reasons, travel delay, baggage or medical coverage as provided by a third party insurance provider. I understand that such insurance coverage is subject to my obligation to provide all information and documentation that is required by the insurance provider and primary travel supplier. I/We understand the waiver of pre-existing conditions clause as outlined in the insurance brochure. Initial one.

- \_\_\_ Yes, I have purchased Allianz travel insurance.
- \_\_\_ Yes, I have purchased Allianz travel insurance including "Cancel for any Reason" benefits
- \_\_\_ Yes, I have purchased third party/supplier sponsored travel insurance. \_\_\_\_\_
- \_\_\_ No, I decline any travel insurance.

**Parking Waiver:**

I hereby release AAA Central Penn, all its entities, and the owners of the parking facilities from any liabilities while my vehicle is parked or driven on the grounds of the selected parking facility during the time related to my trip with AAA.

Vehicle Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature(s) of Registrant(s) listed on this form: \_\_\_\_\_

\_\_\_\_\_

Today' Date: \_\_\_\_\_