Payments and registration to:
Discoveries
P.O. Box 1354, Harrisburg, PA 17105-1354
or fax to: 717-657-3547

AAA Escorted Motorcoach Trip
Discover Your Adventure™
***Elf The Musical* at Toby's Dinner Theatre**
Group #6521
January 6, 2021

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: _____
(Name of person not traveling with you)

Telephone number on day of trip: ( ) _____

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: _____

PAYMENT
Full payment of $199 per person is due to AAA with this registration to confirm your reservation.
Solo Travelers Rewards Club maximum voucher redemption: $20

CANCELLATION/PENALTIES:
Day of deposit 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 _____ Discover _____ American Express (check choice)

Cardholder's Name (as shown on card): _____

Credit Card number: _____ Expiration Date: _____ CVV: _____

Cardholder Signature: _____ Today's Date: _____

AAA ESCORTED MOTORCOACH TRIP

***Elf The Musical* at Toby's Dinner Theatre**
Group #6521
Wednesday, January 6, 2021

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: _____