

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™
Whitewater Rafting Experience
Group #6222
July 23, 2022

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: _____

PAYMENT

Full payment of \$189 per person is due to AAA with this registration to confirm your reservation.

Solo Travelers Rewards Club maximum voucher redemption: \$20

CANCELLATION/PENALTIES:

After May 23, 2022, No refunds.

Menu: Box Lunch (please choose one)

☐ Roast Beef and Cheese

☐ Ham and Cheese

☐ Turkey and Cheese

☐ Veggie

- Box lunch Includes: Sub, chips, granola bar and water

Personal check or credit card are accepted for this group tour.

☐ 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

Whitewater Rafting Experience

Group #6222 July 23, 2022

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.

This tour is operated by Jim Thorpe River Adventures. A signed liability waiver must be filled out and completed prior to traveling on this trip. By signing this registration form you are hereby releasing AAA Central Penn from any liability if an accident, injury or death would occur. AAA CENTRAL PENN IS NOT RESPONSIBLE IF YOU ARE DENIED PARTICIPATION IN THIS TOUR FOR ANY REASON AND NO REFUND WILL BE PROVIDED.

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 Anytime" 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's Date: _____