

**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™  
Favorite Philly Foods & Festival of Fountains  
at Longwood Gardens  
Group #14322  
September 10, 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 \$219 per person is due to AAA with this registration to confirm your reservation.  
**Solo Travelers Rewards Club maximum voucher redemption: \$20**

**CANCELLATION/PENALTIES:**

After June 14, 2022 No refunds.

**Favorite Philly Food Tour:**    \_\_\_Gluten Free    \_\_\_Vegetarian

Allergies or special food info: \_\_\_\_\_

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**

**Favorite Philly Foods & Festival of Fountains at Longwood Gardens**

**Group #14322**

**September 10, 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.**

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: \_\_\_\_\_