

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™
Caverns of Virginia
Group #7524
August 3, 2024**

Do you currently work with a **AAA Central Penn Travel Advisor**? If so, please provide their name: _____

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 \$229 Adult per person, \$209 Child per person is due to AAA with this registration to confirm your reservation.

___ Adult \$229 ___ Child \$209

Choice of: ___ Garden Maze or ___ Rope Adventure Park

CANCELLATION/PENALTIES:

After June 3, 2024 No refunds.

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

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

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

Cardholder Signature: _____ Today's Date: _____

AAA ESCORTED MOTORCOACH TRIP

Caverns of Virginia

Group #7524

August 3, 2024

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.

Maybe, I would like to receive a quote please contact me by phone or email (circle one). AAA Central Penn will need your date of birth to process the quote.

Name: _____ Date of Birth: _____