## 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™ River Lady Luncheon Cruise Group #7624 August 7, 2024

Do you currently work with a <b>AAA Central Penn Travel</b>	Advisor? If so, please provide their name:	
I/we will board the motorcoach in (check choice):	HarrisburgLancaster	
**PLEASE USE ONE FORM FOR EACH PASSENGER*	**	
Name of registrant:	Name preferred on badge	e:
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 phave a traveling companion who is capable of and tot		
Special requirements/request:		
PAYMENT Full payment of \$269 Adult per person, \$249 Child reservation Adult \$269	•	istration to confirm your
Menu: River Lady Lunch Cruise (please choo Chicken Francese: sauteed boneless breast of chio Chicken Marsala: sauteed boneless breast of chio Filet of Salmon: sauteed, served with lemon & ga Penne Vodka: Penne pasta with vodka cream sau Gluten Free Option: Pasta Primavera or	cken in a rich sauce with a hint of lemon. cken in a marsala wine sauce. arlic sauce with a hint of pesto. uce.	
Children's Menu: <i>River Lady Lunch Cruise</i> (please ch Chicken Tenders: Breaded chicken breast served Penne Pasta with Marinara Sauce		
CANCELLATION/PENALTIES: After June 7, 2024 No refunds.		
Personal check or credit card are accepted for this group	o tour.	
Check (made payable to <b>AAA Travel)</b> is enclosed,	OR Credit Card: VISA MaasterCardD	iscoverAmerican Express
Cardholder's Name (as shown on card):		
Credit Card number:	Expiration Date:	CVV:
Cardholder Signature:	Today's Date:	

## AAA ESCORTED MOTORCOACH TRIP

River Lady Luncheon Cruise Group #7624 August 7, 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: