

PLEASE RETURN PROMPTLY TO: AAA CENTRAL PENN
Discoveries / AAA Travel
P. O. Box 1354, Harrisburg, PA 17105-1354 - fax: (717) 657-3547

**Woodstown & Winterthur Ramble with the
Friends of the Railroad Museum of Pennsylvania
GRP7525
May 10, 2025**

PLEASE USE ONE FORM FOR EACH PASSENGER WITH A DIFFERENT ADDRESS/BILLING.

Do you currently work with an AAA Central Penn Travel Advisor? If so, who: _____

Preferred Motorcoach Boarding Location: Harrisburg Lancaster Area

NAME (Legal Name as printed on ID) _____

PASSENGER #1

PASSENGER #2

Current Member: Friends of the Railroad Museum
of Pennsylvania Yes No

Current Member: Friends of the Railroad Museum
of Pennsylvania Yes No

Name for Tour Badge _____

ADDRESS: _____

HOME PHONE _____ **CELL PHONE** _____

EMAIL _____

Please List below: Physical Disabilities and/or Dietary Needs and Health Conditions. Please keep in mind the ability to climb and descend several stairs is required on this itinerary. This is a walking tour, and participants should be able to comfortably walk longer distances and stand for extended periods of time. 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 the trip.

SPECIAL OCCASION being celebrated on the trip (advise occasion and date) _____

IN CASE OF EMERGENCY, please notify:

Name _____ Relationship _____

Home Phone () _____ Work/Cell Phone () _____

Friends of the Railroad Museum of Pennsylvania Current Members & Non-Members - Full Payment due at time of registration

Current Member: \$349.00 per person

Non-Member: \$369.00 per person

MEAL CHOICE: Creekside Inn (please choose one per person)

House Made Crab Cake with remoulade sauce

Open Face Turkey with cranberry sauce

Horseradish Crusted Salmon

Passenger #1 Meal Choice: _____ Passenger #2 Meal Choice: _____

Travel Insurance

Yes, I have purchased travel insurance Allianz Policy # _____

No, I am not interested in travel insurance. I acknowledge that I have been offered this coverage and declined.

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

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

CHECK ENCLOSED (payable to AAA Central Penn) **OR CHARGE TO** Total Amount Enclosed \$ _____

Credit Card Number _____ Exp Date _____ CVV# _____

Cardholder Name As Shown On Card _____

Cardholder Signature _____

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 the tour. If any participant named on this application HAS A SPECIFIC PHYSICAL CONDITION, DISABILITY, ALLERGY OR DIETARY REQUIREMENT THAT MAY REQUIRE SPECIAL ATTENTION OR TREATMENT, such details should be reported on this application. I/we have read and understand and agree to conditions as set forth in the tour brochure or flyer, especially those paragraphs relating to payments, cancellations, refunds and responsibilities of AAA Central Penn (as tour operator and/or agent for the participants).

SIGNATURE(S) #1 _____ #2 _____ **DATE:** _____

All persons 18 years of age and older are required to sign the application. A parent or legal guardian should sign for those under 18.