PLEASE RETURN THIS FORM PROMPTLY to: Discoveries	AAA Escorted Motorcoach Trip Discover Your Adventure™ Thousand Islands, Lake George & Saratoga	
P.O. Box 1354, Harrisburg, PA 17105-1354	i nousand is	Races
or fax to: 717-657-3547		Group #7425
		July 20-25, 2025
Do you currently work with a AAA Central Penn Travel Advisor? If so, p	lease provide their nar	ne:
I/we will board the motorcoach in (check choice):Harrisburg	Lancaster	
PLEASE USE ONE FORM FOR EACH PASSENGER		
Name of registrant:	Name preferred of	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:		
Special requirements/request:		
Single \$3,229Double \$2,529Triple \$2,5	319Quad \$2,2	219
PAYMENT \$300 per person deposit due at the time of booking to confirm your reser	vation. Final payment	is due to AAA by May 20, 2025.
CANCELLATION/PENALTIES: A \$25 per person cancellation fee will be charged by Discoveries in additi From May 20, 2025, to day of departure no refunds.	on to any other suppli	er's fees.
Personal check or credit card are accepted for this group tour.		
Check (made payable to AAA Travel) is enclosed, OR Credit Card:		
VISAMasterCardDiscoverAmeric	an Express (check choi	ice)
Cardholder's Name (as shown on card):		
Credit Card number:	Expiration Date:	CVV:
Cardholder Signature:	Today's Date:	

AAA ESCORTED MOTORCOACH TRIP Thousand Islands, Lake George & Saratoga Races Group #7425 July 20-25, 2025

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. Please 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). When contacted AAA Central Penn will need your date of birth to process the quote.

Name: Date of Birth: