

**PLEASE RETURN PROMPTLY TO: AAA CENTRAL PENN**

Discoveries / AAA Travel

P. O. Box 1354, Harrisburg, PA 17105-1354

Conrail History and East Broad Top Railroad
 Ramble with the Friends of the Railroad Museum
 of Pennsylvania GRP5726- June 20, 2026

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 _____

HOME 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 registrationCurrent Member: ☐ \$250.00 per personNon-Member: ☐ \$275.00 per person**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: _____

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CHECK ENCLOSED ☐ (payable to AAA Central Penn) **OR CREDIT CARD**[°]: ☐ Total Amount Enclosed \$_____

[°] If paying by credit card, a Travel Advisor from AAA Central Penn will contact you directly to collect payment. AAA Central Penn does not keep credit card numbers on file for security purposes.

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.