MMC TRIPS & TOURS REGISTRATION FORM

TRIP NAME_____

DATE OF TRIP_____

TRIP HOST/HOSTESS_____

PLEASE PRINT

(Legal First and Last Name)

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

CELL PHONE_____HOME PHONE_____

EMAIL_____DATE OF BIRTH_____

MEMBER#_____ VERIFIED CURRENT?_____

EMERGENCY INFO NEEDED WHILE ON TRIP:

Contact person_____ Phone#_____

Medicare YES____ NO____ OTHER INSURANCE_____

Medication I am taking now_____

Medicine I am allergic to_____

Health conditions we should be aware of_____

Any Special Needs? (Please List)_____

Sharing Room With: (if applicable)_____

TRIP INSURANCE IS AVAILABLE & STRONGLY RECOMMENDED. INSURANCE IS NON-REFUNDABLE. WAIVER MUST BE SIGNED IF INSURANCE NOT PURCHASED. PENALTIES MAY APPLY FOR CANCELLATIONS.

DEPOSIT REQUIRED AT SIGN-UP. NO PLACES HELD WITHOUT A DEPOSIT. NON-MMC MEMBERS FEE $30 PER TRIP.