**************************************	NAL PAYMENT ENGLA	<u>ND/CANADA FALL, 2024</u> ******************	******
Name(s):			
Street Address:		the second secon	
Home Phone:	Cell:	Email:	
Payment: ( ) Cash:	Amount: \$	\$ Check #:	Metical nacus
EMERGENCY CONTACT	;		
Relationship:	rear 977 97AA to 119 here	Phone:are a discount of the control of the con	
Passport Expiration Date	):(lat	ter than March 1, 2025 REQUIRES a NEW passp	oort)
		NSURANCE: ( )DECLINE ( )ACCEPT	•
WE ACKNOWLEDGE I HAVE F	READ THE TRAVEL-TRIP RULI	ES AND AGREE TO ACCEPT THEM ( )	
SIGNATURE:		DATE:	
********	INSTALLMENT PAYMEN	NT NEW ENGLAND/CANADA FALL 2024*********	*****
Name(s):			
Street Address:		STACTS	100 Y. HEROPE
Home Phone:	Cell:	Email:	da <b>n</b> ortskil
Payment: ( ) Cash:	Amount: \$	Check #:	olice in 2 the sec
EMERGENCY CONTACT:		political and any of early needing any of the transport one of	
Relationship:	ier i kasal (zasa yaz ola karaka ig <del>- zasala karaka karaka zasala</del>	Phone:	
		er than March 1, 2025 REQUIRES a NEW passp	
WE ACKNOWLEDGE THAT I H.	AVE BEEN OFFERED TRIP IN	SURANCE: ( )DECLINE ( )ACCEPT	
WE ACKNOWLEDGE I HAVE R	EAD THE TRAVEL-TRIP RULE	ES AND AGREE TO ACCEPT THEM ( )	
SIGNATURE:		DATE:	
		17 TRAVEL MAIL TO: PO BOX 4193 OCEAN CITY, MD 2184	
		/ ENGLAND/CANADA FALL 2024	*****
lome Phone:	Cell:	Email:	
ayment: ( ) Cash:	Amount: \$_	Check #:	renolis
WE ACKNOWLEDGE THAT I HA	AVE BEEN OFFERED TRIP INS	SURANCE: ( )DECLINE ( )ACCEPT ( ) DECLINE (	
		S AND AGREE TO ACCEPT THEM ( )	
IGNATURE:	States from the American	DATE:	

MAKE CHECKS PAYABLE TO: AARP 1917 TRAVEL MAIL TO: PO BOX 4193 OCEAN CITY, MD 21843