

*****FINAL PAYMENT ENGLAND/CANADA FALL, 2024*****

Name(s): _____

Street Address: _____

Home Phone: _____ Cell: _____ Email: _____

Payment: () Cash: _____ Amount: \$ _____ Check #: _____

EMERGENCY CONTACT: _____

Relationship: _____ Phone: _____

Passport Expiration Date: _____ (later than March 1, 2025 **REQUIRES** a **NEW** passport)

I/WE ACKNOWLEDGE THAT I HAVE BEEN OFFERED TRIP INSURANCE: ()DECLINE ()ACCEPT

I/WE ACKNOWLEDGE I HAVE READ THE TRAVEL-TRIP RULES AND AGREE TO ACCEPT THEM ()

SIGNATURE: _____ DATE: _____

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

*****INSTALLMENT PAYMENT NEW ENGLAND/CANADA FALL 2024*****

Name(s): _____

Street Address: _____

Home Phone: _____ Cell: _____ Email: _____

Payment: () Cash: _____ Amount: \$ _____ Check #: _____

EMERGENCY CONTACT: _____

Relationship: _____ Phone: _____

Passport Expiration Date: _____ (later than March 1, 2025 **REQUIRES** a **NEW** passport)

I/WE ACKNOWLEDGE THAT I HAVE BEEN OFFERED TRIP INSURANCE: ()DECLINE ()ACCEPT

I/WE ACKNOWLEDGE I HAVE READ THE TRAVEL-TRIP RULES AND AGREE TO ACCEPT THEM ()

SIGNATURE: _____ DATE: _____

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

*****INSTALLMENT PAYMENT NEW ENGLAND/CANADA FALL 2024*****

Name(s): _____

Street Address: _____

Home Phone: _____ Cell: _____ Email: _____

Payment: () Cash: _____ Amount: \$ _____ Check #: _____

I/WE ACKNOWLEDGE THAT I HAVE BEEN OFFERED TRIP INSURANCE: ()DECLINE ()ACCEPT

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SIGNATURE: _____ DATE: _____

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