



Chapter 1917 – Ocean City, MD

TRIP REGISTRATION FORM

Name: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Trip: _____ # of People: _____

Cash: \$ _____ Check: \$ _____ Check #: _____

I ACKNOWLEDGE THAT I HAVE READ THE TRIP RULES AND AGREE TO ACCEPT:

SIGNATURE: _____

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED TRIP INSURANCE:

TRIP INSURANCE: I DECLINE: I ACCEPT:

(If accepted, fill out insurance form, and write a separate check to appropriate Insurance Company)

SIGNATURE: _____

MAKE CHECKS FOR TRIP PAYABLE TO: AARP #1917

Mail to: AARP 1917 Travel

PO Box 4193

Ocean City, MD 21843

Alcea Sprung's Phone: (410) 352-5748

E-mail: aarp1917travel@yahoo.com

DISCLAIMER: These trips are a project of and are offered to the Ocean City, MD Chapter 1917 of AARP. The chapter and any agent it may use in arranging these or any other trips are not responsible in whole or in part to the traveling member for any loss, damage, or injury, whether financial or otherwise, to persons or property, however caused during or in with these or any other trips. These trips are activities conducted by Ocean City, MD AARP 1917 and are in no way offered, sponsored or conducted by AARP, which has no responsibility with such trips.