



Pender Adult Services, Inc.
Promoting health & fulfilling lives

PAS TRAVEL CLUB

registration

Name: _____ Telephone: () _____

Cell phone: () _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Roommate: _____

Special Needs: _____

Emergency Contact (Name): _____

Emergency Contact (Phone): _____

TRAVEL PROTECTION?? YES NO COST: _____
(Must be purchased at the time of deposit. Ask for details.)

LIABILITY WAIVER:

I have chosen to participate in this program and understand that Pender Adult Services will not assume any responsibility in the event of any personal injury or property damage that I may incur as a result of my participation in this trip. I hereby release Pender Adult Services, Inc from any such potential or actual liability.

Signature: _____ Date: _____

_____ I have received the Travel Policies and Procedures

REGISTRATION
INFORMATION:
Checks Payable to PAS
or PENDER ADULT
SERVICES
TRAVEL PROTEC-
TION CHECK payable
to PML Tours
Form 12/29/2017

For Office Use Only				
TOTAL COST:				
		Date Paid	Receipt #	Received by
Deposit Paid				
Payment				
Payment				
Payment				
Payment				
Balance				

Trip Name _____
Trip Date: _____