

17 Freetown Rd, Raymond, NH 03077 603-895-3000

Signup Sheet

Please Print

Trip Name:		Sign up Date:	
Name: Last:	First:	Middle:	
Age: Date of Bi	rth: Ph	none Number:	
Address:			
Email address:			
Emergency contact: (Not trav	eling with you)		
Name:	Phone Number:	Relation:	_
		_ (one bed is a request and not guaranteed)	
C PapOxygen:	Dietary:	Mobility:	
Other Requests:			
		se this online from AON affinity, ask us how. Insurance in this tour. Will you be purchasing insurance? YesNo	
By signing below, you agree	o and understand our polici	ies as stated on the flyer and on our website.	
Signature:			

For Office Use Only: Date received: _____ Processed by: _____