

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

## **Signup Sheet**

Trip Name:		Sign up Date:
Full Legal Name: Last:	First: _	Middle:
Date of Birth:/ P	Phone Number:	(cell or home)
Address:		
Email address:		
Emergency contact: (Not traveling wi	ith you)	
Name:	Phone Number:	Relation:
Rooming with:		
Room type preference: One Bed:	Two Beds: (one	e bed is a request and not guaranteed, for land portion)
T-Shirt Size:		
Medical:		
C PapOxygen: Dietary:		Mobility:
Other Requests:		
		s online from AON affinity, ask us how. Insurance must our. Will you be purchasing insurance? YesNo
Please check which form of ID you w	ill be bringing: Passport _	OR Real I.D
*Passport MUST be a passport book	& MUST not expire within	6 months of the trip.
		Your legal name must match your passport.
By signing below, you agree to and u	nderstand our policies as	stated on the flyer and on our website.
Signature:		
For Office Use Only: Date received: _	Processed by: _	received passport: