

New England Coach



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

Signup Sheet

Sign up Date: _____

Trip Name: _____

Full Legal Name: Last: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ Phone Number: home _____ cell _____

Address: _____

Email address: _____

Emergency contact: (Not traveling with you)

Name: _____ Phone Number: _____ Relation: _____

Room type preference: ____ One Bed ____ Two Beds (one bed is a request and not guaranteed)

T-Shirt Size: _____

Medical:

C Pap ____ Oxygen: ____ Dietary: ____ Mobility: _____

Other Requests: _____

We highly recommend travel insurance. Ask us for details. Insurance must be purchased within two weeks of your initial sign up for this tour. Will you be purchasing insurance? Yes ____ No ____

PASSPORT REQUIRED

Passport Information*: # _____ Issue Date: ____/____/____ Expiration Date: ____/____/____

***Passport MUST be a passport book and MUST not expire within 6 months of the trip departure date.**

***Your legal name must match your passport.**

By signing below, you agree to and understand our policies as stated on the flyer and on our website.

Signature: _____

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