

2012 NEW ENGLAND FALL TOUR REGISTRATION

South Main Baptist Senior Adult Ministry Trip ~ Tom J. Williams, Minister
October 8-13, 2012

Tour Provider: Global Travel Net ~ Lee Poquette, Agent

REGISTRAION INFORMATION:

(PLEASE PRINT)

Full Name: _____ Sex: M F (circle one)

Mailing Address: _____

Home Phone: _____

Cellular Phone: _____

Email: _____

PERSONAL EMERGENCY CONTACT:

(Please include two contact persons)

Personal Contact 1:

Name: _____

Relationship: _____

Daytime Phone: _____

Evening Phone: _____

Personal Contact 2:

Name: _____

Relationship: _____

Daytime Phone: _____

Evening Phone: _____

Rooming restrictions: All rooms are non-smoking.

All rooms will be handicap accessible and user friendly.

2012 NEW ENGLAND FALL TOUR REGISTRATION-continued

MEDICAL INFORMATION: (CONFIDENTIAL)

(Please include any restrictions as noted)

A certified health provider will be accompanying the tour.

Birth date: _____

Doctor's you are currently under their supervision:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

General Health:

Medications you plan to use on the trip:

1. _____ (Purpose)

2. _____ (Purpose)

3. _____ (Purpose)

4. _____ (Purpose)

I have read the Trip Insurance Waiver information and will comply with it and other church trip policies.

Date: _____

(Signed)—Tour participant or legal guardian