#

## Travel Registration Form Fax to: 301-870-1749

**Email: familiesonthego@msn.com**

|  |
| --- |
| Personal and Billing Information |
| Traveler name |  |
| E-mail |  |
| Phone |  |
| Fax |  |
| Home address |  |
|  |
| Billing address |  |
|  |
| Credit card name |  |
| Credit card number |  |
| Credit card expiration date |  |
| Birthday (MM/DD/YYYY) |  |
| Shirt Size  |  |
| Travel Information |
| Destination |  |
| Departure date |  |
| Return date |  |
| Seating preference (e.g., aisle, window, center) |  |
| Meal preference |  |
| In case of emergency, contact |  |
| Emergency contact’s address |  |
| Emergency contact’s phone |  |
| Known medical conditions |  |
| Known allergies |  |
| Lodging Information |
| Hotel program name(s) and number(s) |  |
| Room preference (e.g., king, double, single) |  |

**Signature:**

□ I certify that I have read and agree to all the terms and conditions related to the specific destination.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_