



Travel Registration Form

Fax to: 301-870-1749

Email: familiesonthego@familiesonthego.net

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: _____