

JCRTA  
TRIPS AND TOURS  
REGISTRATION FORM

Tour Title: \_\_\_\_\_

Tour Dates: \_\_\_\_\_

FULL NAME: (Mr./Mrs./Ms./Dr.):

\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE CELL: \_\_\_\_\_

TELEPHONE HOME: \_\_\_\_\_

EMAIL ADDRESS (WRITE CLEARLY): \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PHYSICAL LIMITATIONS: \_\_\_\_\_

CONTACT NAME AND PHONE FOR EMERGENCIES:

\_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

If this trip has overnight travel, please fill out the information below:

\_\_\_\_\_ I desire to have single accommodations (without a roommate)

\_\_\_\_\_ I will share accommodations with \_\_\_\_\_

\_\_\_\_\_ I require a \_\_\_\_\_ Non-smoker as a roommate

Mail completed Registration and check made out to JCRTA to:

JCRTA, C/O Martha O'Bryan, 11309 Coolhouse Court, Louisville, KY 40223