

WICKHAM PARK SENIOR CENTER – TRAVEL RESERVATION FORM – DAY TRIPS

Travel Office Hours 9 am – 1 pm (Mon – Fri) Phone: 321-425-5530

EACH PASSENGER MUST COMPLETE THIS FORM TO RESERVE A SEAT

Trip Destination: _____ **Trip Date:** _____ **Res #** _____

Name of Passenger: _____ **Email** _____

Address: _____ **City/Zip** _____

Special Requests? _____ **Seatmate:** _____ **Cell #** _____

I, the undersigned, do hereby release, absolve and agree to hold harmless, Wickham Park Senior Center, it's volunteers, organizers and sponsors of the above activity, for all expenses, damages and injuries incurred as a result of my participation in the Travel activity above. Further, I understand that WPSC Travel reserves the right to deny travel to anyone who causes discomfort to other passengers and may result in transporting themselves back to WPSC at their own expense. Rev: 1/8/23

Signature: _____ **WPSC Member? Y N** **Travel Vol.** _____ **Date** _____

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Make checks payable to: WPSC – Travel Mailing Address: 2785 Leisure Way, Melbourne, FL 32935