217 Riley Street
Celina, OH 45822
(419) 586-1644
www.mccoa.net
mccoa@bright.net
Revised 5/15/24





TRIP REGISTRATION FORM

Circle Trip Type: One day Multi-day

Trip Date		Trip Destination			Trip Cost \$ (per person)		
		Paid by: (Check #	Cash	Will pay		
			Cancelled check wil	l be your receipt			
	mes should be as t with your registration	hey appear on your driv on	ver's license or pas	ssport. If trip r	equires passpo	ort, please send copies	
Passenger Nam	ie				D	OB/	
Address				City	S	tate/Zip	
Phone	(Cell Phone	Email				
Travel Compani	ion Name				D	OB/	
Address				City	S	tate/Zip	
Phone	(Cell Phone	Email				
Trip Options D	esired (if applica	ıble)					
		eySingle please list the addition					
Special Needs	Room Requests						
If trip is a cruis	se, please answe	r the following two q	uestions.				
Cabin type: In:	side Ocea	nview Balcony	y Bed c	onfiguration	: Two Twin	One King	
incurred due to any c Council on Aging (MC deaths resulting from my behalf give up the negligence, and give accept no responsibil incurred due to additi responsible for under the right to cancel an	change in the tour. I furt (CCoA) and its represent in my participation in any e rights to bring any claim I or my he illity for the services of articonal or changed fees, constanding all trip and act my tour prior to departure	al treatment, I hereby consent ther understand that I, and an tatives, employees, and volun programs or activities sponso ms for personal injury, death, hirs may have to seek damage my company, personnel or any delay, changes in schedule, re ivity requirements and must re en, amend the itinerary for any ers of the tour. See back of the	by heirs or persons actinateers from any and all cored by MCCoA. I under disease, property dames, whether known or use other conveyance use estrictions, requirement of rely on MCCoA to preason, and to decline	ng on my behalf do responsibility or like erstand that this water lage or any other land inknown, foreseen ed in connection water as or acts or omiss provide this informate to accept or retain	o waive, release an ability from injuries aiver means I and oss including but no or unforeseen. Mo with any tour or for ions of any carrier ation. MCCoA and	nd discharge Mercer County, loss, damages, diseases, o any heirs or persons acting on the limited to claims of ICCoA and its representative any loss or additional expension supplier. You are	
I have read, under	rstand, and accept t	he above liability waiver	and cancellation po	olicy as stated	on the itinerary	for ths trip	
Customer Signa	ature	Date	Customer Sign	nature	Date		
		MCCoA (OFFICE USE ON	LY			
Received by_		_ Date Received		In Person	Phone	Mail	
(en	mployee initials)	Reviewed by: Ter	ri	Connie _			

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Additiona	ш	asseng			uauvii

Travel Companion Name		DOB/	
Address		City	State/Zip
Phone	Cell Phone	Email	
Travel Companion Name			DOB/
Address		City	State/Zip
Phone	Cell Phone	Email	