

Day Coach Trip Registration / Please print / Fill out form COMPLETELY

TRIP NAME _____ TRIP DATE(S) _____ TODAY'S DATE _____

Member? YES Member # _____ NO / Is your companion a member? YES Member # _____ NO

YOUR NAME _____ COMPANION'S NAME _____
Last First Last First

ADDRESS _____

CITY _____ ZIP _____

YOUR PHONE _____ COMPANION'S PHONE _____

Your Emergency Contact _____ RELATION _____ PHONE _____

Companion's Contact _____ RELATION _____ PHONE _____

FOOD CHOICE _____ / _____
Yours Companion's

MEMBER COST \$ _____ X No. _____ = Total \$ _____

NON-MEMBER COST \$ _____ X No. _____ = Total \$ _____

TOTAL AMOUNT DUE \$ _____ CHECK # _____

Make checks payable to PENINSULA SENIORS.
Hand deliver or mail to: Peninsula Seniors,
602 Deep Valley Drive, Suite 310, Rolling Hills
Estates CA 90274

**Reservations are not transferable to people NOT in the reservation record.
All changes MUST be processed by the Peninsula Seniors Travel Desk, (310) 377-3003.**

YOUR SIGNATURE _____ COMPANION'S SIGNATURE _____