

2020 TRIP REGISTRATION

Passenger #1 Name			Name Tag		
Address					
City			State		
Phone			Email		
Emergency Contact			Phone		

Passenger #2 Name			Name Tag		
Address					
City			State		
Phone			Email		
Emergency Contact			Phone		

Requests	Pick up location if other than Traverse City:				
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DAY TRIPS

All prices are per person and due in full at time of registration. One check per trip only. For all trips listed below, make all **checks payable to Xpedition Travel**. All trips include insurance. Return completed form with payment to: Senior Center Network, 801 E. Front Street, Traverse City, MI 49686.

Spring Mystery Trip	Check #	___ # of Passengers	\$132.00	TOTAL: \$_____
Frankenmuth Luncheon Show	Check #	___ # of Passengers	\$165.00	TOTAL: \$_____
Magical Midland	Check #	___ # of Passengers	\$146.00	TOTAL: \$_____
Art Prize	Check #	___ # of Passengers	\$144.00	TOTAL: \$_____
Fall Color Tour	Check #	___ # of Passengers	\$141.00	TOTAL: \$_____
Fall "Brown Bag" Mystery Trip	Check #	___ # of Passengers	\$165.00	TOTAL: \$_____

EXTENDED TRIPS

All deposits are per person and due in full at time of registration. One check per trip only. *Credit cards accepted. Return completed form with payment to: Senior Center Network, 801 E. Front Street, Traverse City, MI 49686.

Summer Overnight Mystery Check payable to: Xpedition Travel	Check #	___ # of Passengers	\$100.00 (deposit)	TOTAL: \$_____
Mississippi River Cruise Check payable to: Shoreline	Check #	___ # of Passengers	\$250.00 (deposit)	TOTAL: \$_____
Laurel Highlands Check payable to: Xpedition Travel	Check #	___ # of Passengers	\$100.00 (deposit)	TOTAL: \$_____
Croatia and Its' Islands * Check payable to: Collette Tours	Check # <i>Contact Senior Center to make credit card payment.</i>	___ # of Passengers	\$1,135.00 (deposit)	TOTAL: \$_____
Albuquerque Balloon Fiesta * Check payable to: Mayflower Tours	Check # <i>Contact Senior Center to make credit card payment.</i>	___ # of Passengers	\$400.00 (deposit)	TOTAL: \$_____

Room Type	Single	Looking for Roommate	Double/Roommate Name: _____
	Triple/Roommate Names: 1. _____ 2. _____		
	Quad/Roommate Names: 1. _____ 2. _____ 3. _____		

OFFICE USE ONLY

Date Received	Vendor/Date/Sign	MSC	Check Mailed to Company	Initials
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Check here if you would like to receive more information about the 2020 Grand Experience Mackinac Island trip when it becomes available.