

# Cleveland, OH July 16-19, 2019

Single Rate: \$800 (per person)  
Double Rate: \$650 (per person)  
Min. 40/Max. 52



## Final Payment due May 15, 2019

No refunds after final payment. Trip cancellation insurance is available.  
We strongly recommend purchasing this policy.



Double : Roommate 1: \_\_\_\_\_

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Special request of hotel (ie lower floor, handicap, etc) :  
\_\_\_\_\_  
\_\_\_\_\_

FOR MORE INFORMATION PLEASE CALL 520-9220 OR 520-9390

PLEASE RETURN THE REGISTRATION FORM, WITH YOUR CHECK PAYABLE TO THE CITY OF COLONIAL HEIGHTS. YOU MAY REGISTER AT THE RECREATION DEPT OR SENIOR CENTER. REGISTRATION FORMS & PAYMENTS MAY BE MAILED TO THE COLONIAL HEIGHTS RECREATION/ SENIOR CENTER P.O. BOX 3401, COLONIAL HEIGHTS, VA 23834

NAME: \_\_\_\_\_

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

DAY PHONE# \_\_\_\_\_ NIGHT PHONE# \_\_\_\_\_

I/WE \_\_\_\_\_ DO HEREBY AGREE TO COMPLETELY AND UNCONDITIONALLY, INDEMNIFY HOLD HARMLESS, RELEASE AND DISCHARGE THE CITY OF COLONIAL HEIGHTS, ITS EMPLOYEES AND VOLUNTEERS FROM ALL LIABILITIES FROM INJURIES OR PROPERTY DAMAGE SUSTAINED AS A RESULT OF PARTICIPATING AND TRAVELING TO AND FROM CLEVELAND, OH.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

### EMERGENCY MEDICAL INFORMATION

MEDICATION: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_