

# Registration for the Holden Village Trip

(Minimum Registrations Required For Program: 20 Persons)

## Attending Individual(s) Information

Person 1: Name \_\_\_\_\_ Gender \_\_\_\_\_  
First MI Last M/F  
Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Roommate Preference \_\_\_\_\_  
Month Day Year Full Name  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Person 2: Name \_\_\_\_\_ Gender \_\_\_\_\_  
First MI Last M/F  
Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Roommate Preference \_\_\_\_\_  
Month Day Year Full Name  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Person 3: Name \_\_\_\_\_ Gender \_\_\_\_\_  
First MI Last M/F  
Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Roommate Preference \_\_\_\_\_  
Month Day Year Full Name  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

## Payment

Check \_\_\_\_\_ Credit Card \_\_\_\_\_  
(Please Circle One)

Master Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Visa Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**Deposit of \$850 is Non-Refundable and is due on February 15, 2010. The Balance will be due by May 1, 2010. Registration deadline to attend this trip is on February 15, 2010.**

### Travel Insurance

Travel Insurance: [trutravel.com](http://trutravel.com) or your agent.  
Call TruTravel at: 877-878-4467

### A Night at Lakeside

Accommodations at Lakeside for August 19th at no charge with continental breakfast?

Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes How Many \_\_\_\_\_