2020 TRIP REGISTRATION

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

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

Requests	Pick up location if other than Traverse City:

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 # *Contact Senior Center to make credit card payment.*	___ # of Passengers	**$1,135.00 (deposit)**	TOTAL: $_____
Albuquerque Balloon Fiesta * Check payable to: Mayflower Tours	Check # *Contact Senior Center to make credit card payment.*	___ # 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
	☐ ☐ ☐			

Circle which trip you would like to receive more information about once they become available:

2020 Detroit Tigers Baseball Game ***2020 Mackinac Island***