

WEBSITE REGISTRATION FORM REGISTRATION FORM 2024 - 2025

2024 DAY TRIPS, CONCERTS & SHOWS

Table listing various day trips, concerts, and shows with checkboxes and prices. Includes items like 'Bright Nights - 12/9/23', 'Dancing Queens - 1/20/24', 'Stayin' Alive - 4/6/24', etc.

SUMMER VACATIONS 2024

BIG TRIPS 2024 - 2025

WEEKEND GETAWAY 2024

Table listing summer vacations, big trips, and weekend getaways with checkboxes and prices. Includes items like 'Universal Studios 1/7 - 1/11, 2024', 'New Orleans - 2/4 - 2/8, 2024', 'America's Best National Parks - 9/8 - 9/14, 2024', etc.

TOTAL AMOUNT OWED \$ _____

[] I would like a monthly payment plan for trip (price MUST BE over \$500.)

AMOUNT PAID \$ _____

BALANCE DUE \$ _____

Big Trips - MINIMUM \$500. Deposit to Reserve your Spot

[] Don't forget to include a Copy of your VALID REAL ID for Domestic AIR Travel

[] Don't forget to include a Copy of your VALID PASSPORT BOOK for cruises & International Travel

Full Legal Name _____ Age _____ Sex F M Date of Birth _____

Address _____ APT # _____

City _____ State _____ Zip _____ E-mail _____

Phone() _____ Cell Phone() _____

Parent/Guardian Name _____ Emergency Contact & # _____

Participant, on his/her own behalf and on behalf of his/her heirs, in consideration of his/her participation in Trips R Us programs and activities, hereby agrees to release, defend, indemnify and to hold harmless Trips R Us, Ltd, its officers, directors, shareholders, employees, and agents from and against any and all damages, claims, demands, suits, judgments, and costs, including reasonable attorney's fees, costs and expenses, for or on account of any bodily or other personal injury, voluntarily assume all risks related to exposure to COVID-19, damage to property of which he/she now has or shall ever have as a result of his/her participation in said Trips R Us programs and activities. In the event my emergency contacts are unable to be reached, I hereby consent and authorize Trips R Us, Ltd, its employees and/or agents to authorize medical treatment on my behalf in the case of an emergency, including the release of any and all my personal and medical information necessary for any such treatment intending to grant the authority to act for me in all matters as fully and effectually as I might do if able to do so.

+ALL TRAVEL/CRUISES OUTSIDE OF THE UNITED STATES+ +REQUIRES A VALID PASSPORT BOOK (NOT CARD)+

+ALL TRAVEL BY AIR WITHIN THE UNITED STATES+ +REQUIRES A VALID REAL ID (Enhanced State Id) by May 7th, 2025+

Parent/Guardian Signature _____ Date _____

Client Signature (if over 18) _____ Date _____

Check payable To: Trips R Us Mail to: 42 Eden Street Framingham, MA 01702 (508) 405-0999