**PLEASE PLACE ONE REGISTRATION FORM and CHECK IN AN ENVELOPE**

**Registration Form for PENNSYLVANIA TRIP**

**Thursday, June 11, 2020 (8: 15 A.M- 6:00 P.M.)**

Please **PRINT** all information and remit with a check made payable to Beth El Sisterhood in the amount of **$95 for members of Beth El and $105 for non-members of Beth El.**

Name: Cell: H-Phone:

 Last First

Address:

 Street Apt. # City/State/Zip Code

E-Mail:

**Please designate information that pertains to you.**

 *\_\_\_\_\_\_\_*Beth El Congregation and Sisterhood \_\_\_\_\_\_\_Member of Beth El Sisterhood

\_\_\_\_\_\_Member of Beth El

**Emergency Contacts:**

#1 Name Cell: Day Phone:

#2 Name Cell: Day Phone:

Please inform us of any medical conditions, medications, and other physical limitations or allergies that might affect your well-being on this trip during an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Information**

1. Please note bus departure times; the bus will leave promptly at the designated time.
2. Seats on the bus are on a first-come, first-served basis.
3. You may save one seat on the bus for your travel companion.
4. During the trip, items may be left safely on the bus; the bus will be locked when not in use.
5. Beth El Sisterhood is not responsible for any items left at our stops or on the bus.

**Cancellation Policy**

1. If you are unable to go on the trip, please notify Robin Kleiman 410-960-7997 or Marlene Siegel at 410-484-1844 as soon as possible.
2. Robin or Marlene will try to replace you with someone from the wait list. If no one is available from the wait list, you will be notified and you may find a substitute (ex. a friend or relative).
3. **Reimbursement will be made directly to you by your replacement.** **Sisterhood does not offer refunds.**

**I have carefully read and understand the *Important Information* and *Cancellation Policy.* I agree to the terms as written above.**

Enclosed check #\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_ made payable to Beth El Sisterhood

**Disclaimer:**  By signing this form, you acknowledge receipt of the trip description and any and all physical conditions that may be associated with it. Please be advised that this trip includes walking, standing and potentially negotiating steps and is not recommended for people with mobility concerns. Beth El Sisterhood and Beth El Congregation assume no responsibility.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIL TO: Mrs Sima Abarbanel 12 Richard Green Court Owings Mills, MD 21117**

**Date received: \_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_ No. of people\_\_\_\_\_\_\_\_\_\_\_**