

LCCC Overnight Trip Reservation Form

Please complete **ONE** reservation form per traveler per trip (**Please Print**) Trip Name _ Trip Date Traveler's Name Mailing Address City Zip Email address Traveling Companion's Name (if applicable) Important information Note: Emergency Contact required, and cannot be your co-traveler. **Emergency Contact Name:** Relationship: Do you have any medical restrictions that might need accommodations on the trip? Yes \(\subseteq \) No \(\subseteq \) If yes, please list here: A \$75.00 Deposit is due when submitting an Overnight Trip Reservation Form. Please make checks payable to: LCCC Please mail your completed LCCC Overnight Trip Reservation Form & check to: LCCC Overnight Trips, PO Box 257, Granville, OH 43023 OR hand-deliver to: LCCC Front Office, 3825 Columbus Rd, Building D, Granville, OH **If paying by credit card**, please fill out LCCC Credit Card Form at the LCCC Front Desk. Front Office Use Only: Date Time Check # Last 4 digits of CC Amount **Reservation Form & Deposit Balance Paid Payment Made On-Line** Travel insurance MUST be paid by CHECK made out to: TRAVEL INSURED INTERNATIONAL Travel Insurance per person/per trip (Optional) Date Time Amount Check # Single Occupancy \$69 Nashville / Maine Double Occupancy \$59 Nashville / Maine Triple Occupancy \$45 Nashville / \$59 Maine