



Choice Travel

Make the best choice – travel with us!

TravelWithChoice.com

TRIP REGISTRATION FORM

1235 E. Hanthorn Rd
Lima, OH 45804
419-222-2455
and
P. O. Box 109
Celina, OH 45822
419-586-3144

Trip Dates: _____ Trip Destination: _____

Trip Cost (per person): \$ _____

Trip Cost (per person)	Insurance Cost (per person)
\$401 - \$600	\$30
\$601 - \$800	\$39
\$801 - \$1000	\$49
\$1001 - \$1500	\$70
\$1501 - \$2000	\$89
\$2001 - \$2500	\$113
\$2501 - \$3000	\$133
\$3001 - \$3500	\$146
\$3501 - \$4000	\$168

Optional Travel Insurance (on left)

Do you want to purchase the optional travel insurance?

___ YES ___ NO

Travel Insurance must be purchased when you make your initial trip deposit. Premium is non-refundable.

If travel insurance is not purchased, the cancellation policy as stated on the trip itinerary will apply.

For air, cruise or border crossings, names must be as they appear on your driver's license or passport.
PLEASE PRINT.

Passenger Name _____ DOB ____/____/____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Passenger Name _____ DOB ____/____/____

Address (if different) _____

City _____ State _____ Zip _____ Phone (____) _____

For triple and quad occupancies, please list the additional names and addresses on the back of this form.

Amount of Deposit Enclosed: \$ _____ Insurance Premium Enclosed: \$ _____

Total Payment Enclosed \$ _____ Paid by: ___ Check ___ Cash ___ Credit Card

Credit Card # _____ - _____ - _____ - _____ Exp. Date ____/____

Room Occupancy: ___ Single ___ Double ___ Triple ___ Quad

Desired Hotel Room Type: ___ Smoking ___ Non-smoking

Special Needs / Room Requests: _____

Desired seat on airplane (if applicable): ___ Window ___ Aisle

If trip is a cruise, please answer the following two questions.

Desired Cabin type: ___ Inside Cabin ___ Outside Cabin ___ Balcony Cabin

Desired bed configuration: ___ Two Twin ___ One Queen

Customer Signature _____ Date _____

Customer Signature _____ Date _____

Return form to the facility that distributed it or mail it to:
Choice Travel, P. O. Box 109, Celina, OH 45822 or 1235 Hanthorn Rd, Lima, OH 45804

Additional Passenger Registration

Passenger Name (3) _____ DOB ____/____/____

Address _____

City _____ State/Zip _____ Phone _____

Passenger Name (4) _____ DOB ____/____/____

Address _____

City _____ State/Zip _____ Phone _____

Would you like to add a friend's name to our mailing list? Just put their name, address, and phone number on below and return it to us. Thank you.

Add the name of a friend to our Travel Mailing List

To **ADD** a friend to the Choice Travel mailing list, simply complete this form and drop it off at any Peoples Bank Co. office or mail it to: Choice Travel, P. O. Box 109, Celina, OH 45822

Name _____

Address _____

City, State, ZIP _____ PHONE _____

Add the name of a friend to our Travel Mailing List

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Name _____

Address _____

City, State, ZIP _____ PHONE _____