

Knightdale Parks Recreation

Savannah Ga. Tour Registration Form (May 5-7, 2010)

Last Name _____ First Name _____ Female Male

Mailing Address _____

City _____ ST _____ ZIP _____ Are you a Knightdale Resident? Yes No

Home Phone _____ E-mail Address _____

Mobile Phone _____ Date of Birth _____ (required)

Local Emergency Contact: Name _____ Number _____

Relationship _____

Part 1- Room Information

Registration Type	Fee	Roommate Name & #	Total Cost
<input type="checkbox"/> Single Occupancy	\$365.00/each	n/a	\$365.00
<input type="checkbox"/> Double Occupancy	\$305.00/each	Name: Phone:	\$610.00
Make checks payable to "KPRD"		Total Amount Due	\$

Part 2 – Please write a separate check for Travel Protection

Travel Protection	Fee	Due	Total Cost
<input type="checkbox"/> Yes	\$51.00/each	With Registration	\$
Make checks payable to "PML Tours"		Total Amount Due	\$
<input type="checkbox"/> No, I do not wish to purchase Travel Protection. I understand that by not purchasing travel protection I will not receive a refund for canceling this trip for <u>any reason</u> . Travel Protection must be purchased at the time of your initial deposit to ensure full benefits. Travel protection is highly recommended. The Knightdale Parks & Recreation Department is not responsible for money lost due to cancellation.			

Payment Schedule: Total Amount Due \$ _____

Payment Type	Amount Due	Amount Received	Check #	Date	Received By:
Deposit (1/9) Single - \$100 Double - \$200	\$	\$			
Balance Due Single - \$265 Double - \$410	\$	\$			
Make checks payable to "KPRD"			<input type="checkbox"/> Paid in Full, Date:		

WAIVER

I, for myself or as parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve, and indemnify the Town of Knightdale, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. **I understand that no insurance coverage is provided by the Town of Knightdale or the Knightdale Parks & Recreation Department.**

Signature: _____ **Date:** _____