

Trip Reservation Form

Senior Box Office Travel Committee
1801 Glen Keith Blvd. Baltimore, MD 21234
Phone 410-882-3797 Email sbotravel@seniorboxoffice.org

Trip Name _____ Trip Date _____

No ___ Reservations @ \$ _____ each Amt. Check Encl.\$ _____

Your Name _____ Phone No. _____

Address _____ Zip Code _____

Emergency Name & Phone No. _____

Companion's Name _____ Phone No. _____

Address _____ Zip Code _____

Emergency Name & Phone No. _____

Pickup Point Choice _____ Meal Choice _____

Restrictions/Disabilities: _____

Note: Please remember -Each request for a trip reservation requires completion of this form, a separate check, and a stamped return envelope to let us return completed forms to you. Please also remember that signing each check certifies that the check signer has agreed with the registration, cancellation, and refund policies defined by SBO for trip reservations.

SBO Member ? Yes ___ No ___ Email: _____

FOR SBO TRAVEL COMMITTEE USE ONLY

Date check received _____ Check No. _____ Amount \$ _____

Seat Assignment _____ Leader _____ Phone No. _____

Departure Time _____ From _____