

MAIN STREET COMMUNITY CENTER
PADUCAH QUILT TRIP
June 8-9, 2020

ROOMMATE (if appl)

Registration

NAME (S)

ADDRESS

CITY, ST ZIP

_____, _____

HOME PHONE

CELL PHONE

EMAIL

EMERGENCY

CONTACT NAME

RELATION TO TRAVELER(S):

PHONE

ALT PHONE

REQUIRED:

I understand that there are no refunds for this trip. Deposit and final payment are non-refundable. I understand that if I wish to purchase travel insurance, I must do that on my own. Center staff can provide company names.

Signature

Date

Main Street Community Center Use Only:

DEPOSIT:

Check # _____ (Payable to MSCC)

Date Paid _____

Amount Paid _____

FINAL PAYMENT

Check # _____ (Payable to MSCC)

Date Paid _____

Amount Paid _____
