



Social Activities Reservation Form

One form per event please

Trip Name/Location: _____

Date of Trip: _____ Trip

Cost: _____

Contact Information

Name _____

Address _____

City, State, Zip _____

Phone Cell Home _____

E-mail _____

of Passengers/Name(s) _____

Other Information

Special Needs (*wheelchair, food allergies, etc.*) _____

***Please note we will try to accommodate special preference requests, when possible, but we cannot guarantee them*

Emergency Contact #: _____

Name of Emergency Contact: _____

Payment Information

Check #: _____ Paid in full Deposit Amount Enclosed: _____

****For certain trips - pick up locations will be determined after receiving completed registration forms.**

Mail completed registration form and checks payable to:

“CSEA Social Activities”

c/o Tina Franco

45 Peach Orchard Rd

Prospect, CT 06712

Questions? Contact SAC at cseatrips@gmail.com

All sales are FINAL. But, if a trip is canceled due to lack of sales and within 30 days of cancellation you will be refunded for the amount you paid via check. **But, if you cancel NO REFUND.**

If interested in travel insurance, please call 800-243-3174.