



# 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](mailto: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.