

# MAP Trip Registration



I'd like to register for these trips (please check one):

☐

Roundhouse &  
Winery Tour

☐

Put-in-Bay  
Tour

☐

Both

Please complete and return to CES Credit Union prior to trip.

Date Completed: \_\_\_\_\_

## Personal Information - Passenger 1

Legal Name: \_\_\_\_\_

Nickname or Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell or Personal Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Traveling With: \_\_\_\_\_

## Personal Information - Passenger 2

Legal Name: \_\_\_\_\_

Nickname or Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell or Personal Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Medical Information

In case of an emergency, please contact the following person:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

## Emergency Medical Information

In case of an emergency, please contact the following person:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

## Special Needs

Please list and explain any special needs you have such as walking, limitations, diabetes, allergies - including food, heart conditions, special diets, etc.

Please carry a copy of your current medication with you.

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