

# TRIP RESERVATIONS FORM

Date Form Completed: \_\_\_\_\_ e-mail address \_\_\_\_\_

## Pancake Breakfast & Seneca Alleghany Casino Trip on May 7, 2012

**Reserve your seat, cost per person is \$51.00** Send check or money order payable to:  
**St. Maximilian Kolbe Catholic Church 5823 Walworth Road, Ontario, NY 14519**

**\*\*\*\* All Reservation must be received and paid for by April 24, 2012 at 1:00 \*\*\*\***

**Please Note: You will need to your Divers License for identification at the Casino**

\_\_\_\_\_  
First Middle Initial Last Name:

\_\_\_\_\_  
House Number Street City/State/Zip

Date of Birth: \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### In Case of an Emergency

#### **PHYSICIAN(s):**

Primary Care Doctor \_\_\_\_\_ Address \_\_\_\_\_

City/State: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Allergic to: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergic to: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergic to: \_\_\_\_\_ Reaction: \_\_\_\_\_

#### **INSURANCE:**

##### **Primary**

Carrier (i.e. Excellus BC/BS etc) \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **EMERGENCY CONTACT(s)**

1.) Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

2.) Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

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

For Office use only:

Paid \_\_\_\_\_

Date \_\_\_\_\_

Rec'd by: \_\_\_\_\_