

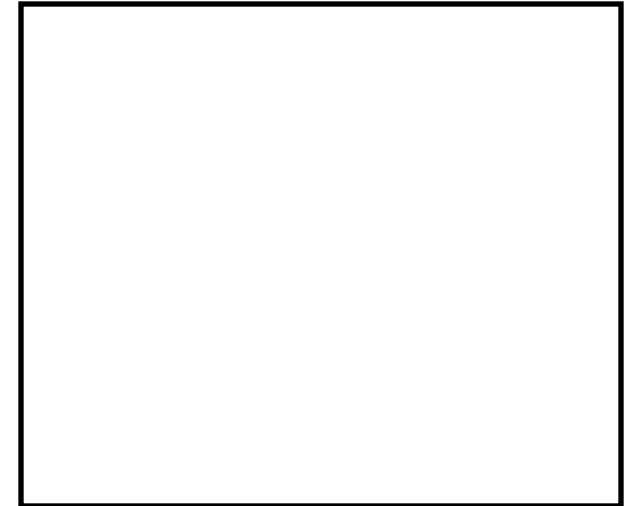
TRAVEL REGISTRATION FORM

Town & Village of Eagle Recreation Department
 PO Box 575, Eagle WI 53119
 820 E Main St., Eagle WI 53119



Name: _____ Spouse Name: _____
 Cell Phone: _____ Spouse Cell Phone: _____
 Email: _____ Spouse Email: _____
 Address: _____ City: _____ Zip: _____
 Emergency Contact Name: _____ Phone: _____
 Please note any special needs, allergies: _____

Participant Name	Trip Name	Trip Date	Deposit Due
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Enclosed			\$



Mail Form and Payment to:

Eagle Recreation Dept.
 PO Box 575, Eagle WI 53119
 OR

Drop Off Box Location:

820 E Main St., Eagle WI 53119

Eagle Recreation acts as an Independent Contractor that assists with travel related services for tour packages. Neither the Eagle Recreation or Town and Village of Eagle shall be responsible or liable for any loss, damage, injury, death, delay, or inconvenience arising out of the or related to any act, omission, negligence, accident, error, or default of any company or person engaged in providing such services of any defect in any vehicle or other equipment, and they shall not be responsible or liable for other occurrences and condition that are beyond their control. Eagle Recreation and Town and Village of Eagle do not provide accident or travel insurance and cannot assume any responsibility for injury to any participants in its travel programs. I agree to hold harmless the Town and/or Village of Eagle and its officers, employees, and volunteers from any and all claims.

Signature _____ **Date**