

# TRIP RESERVATION FORM



Travel Destination and Date(s): \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

Regent Bank acts solely as your agent in arranging accommodations for your trip. By embarking, the traveler voluntarily assumes all risks involved with such travel, whether expected or unexpected. We assume no liability in connection with any transportation services, restaurants or lodging used for the duration of this trip. We cannot be responsible for the loss of, or damage to, baggage or personal property. We reserve the right to make alterations to the itinerary or reserve the right to refuse to accept or retain any person as a member of any trip at any time. All services are subject to laws of any country in which these services are rendered.

## MEDICAL INFORMATION

DATE OF BIRTH: \_\_\_\_\_  
IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
PERSONAL PYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIC TO ANY MEDICINE  No  Yes  
FOOD ALLERGIES:  No  Yes

PLEASE LIST CURRENT MEDICATIONS AND ALLERGIES:

Medical Conditions: List any medical condition for which you have been treated in the last year or are being treated at this time which may be considered necessary information for treatment in case of an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_