

**Pendleton Seniors Lancaster Overnight Trip 9/15/25-9/17/25**  
**Registration Form**

Name \_\_\_\_\_ Cellphone# \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Occupancy: Single \_\_\_\_\_ Double \_\_\_\_\_ Triple \_\_\_\_\_

If double or triple occupancy, name your roommate(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_

I have read and understand the information regarding the policy on cancellations and refunds.

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