Vacationer’s Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (M/F)

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arc chapter I belong to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name (and/or common nicknames) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership Fee Paid Yes/ NO ***Please check the box of the trip(s) you would like to register for:***

  **South Dakota: The Cowboy Way May 4-7** Everyone, Walking, , Chartered Bus **$1300**

  **Salt Dogs Baseball Game May 19** Everyone, Walking, Own Transportation **$175**

  **Branson, MO in the Summer! June 1-5** Everyone, Walking, Van Trip **$1400**

  **Luxury Women’s Weekend June 23-25** Women only, Walking, Van Trip  **$900**

  **Colorado Fun Arts Weekend July 20-23** Everyone, Walking, Van Trip  **$1250**

  **Men’s Motocross Weekend August 19-21** Men only, Walking, Van Trip  **$900**

  **KC Chiefs Weekend Aug or Sept (TBA)**   Everyone, Walking, Van Trip **$1000**

  **Pigeon Forge, TN September 5-11** Everyone, Walking, Chartered Bus **$2300**

 **Husker Football September 23** Everyone, Walking, Own Transportation  **$275**

 **Worlds of Fun**  **October 7-8** Everyone, Walking, Van Trip **$600**

  **Christmas Branson MO November 2-6** Everyone, Walking, Van Trip  **$1400**

Primary Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email for correspondence/paperwork: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Vacationer?  Parent  Guardian  Direct Care Staff  Other

Agency Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Night:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail trip information to:  Applicant  Primary Contact  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail billing information to:  Applicant  Person Completing Application  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment/Deposit: **All trips require a $100 deposit.** See the 2023 trips booklet for Registration and Deposit deadlines for each trip. Make a check payable to **“The Arc of Lincoln.”**  Mail this form and the deposit check to address **PO Box 57002, Lincoln, NE 68505.** \*Walking means independent walking for long periods of time required. If you need assistance with a wheelchair or a walker consider having a one on one to attend with you.