

## LCCC Overnight Trip Reservation Form

Please complete **ONE** reservation form per traveler per trip (Please Print)

Trip Name \_\_\_\_\_ Trip Date \_\_\_\_\_

Traveler's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

 Mobile Phone Number \_\_\_\_\_

Traveling Companion's Name (if applicable) \_\_\_\_\_

**Important information** Note: Emergency Contact required, and **cannot** be your co-traveler.

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Do you have any medical restrictions that might need accommodations on the trip? Yes  No

If yes, please list here: \_\_\_\_\_

***A \$75.00 Deposit is due when submitting an Overnight Trip Reservation Form.***

**Please make checks payable to: LCCC**

**Please mail your completed LCCC Overnight Trip Reservation Form & check to:**  
*LCCC Overnight Trips, PO Box 257, Granville, OH 43023*

**OR hand-deliver to: LCCC Front Office, 3825 Columbus Rd, Building D, Granville, OH**

**If paying by credit card, please fill out LCCC Credit Card Form at the Front Desk**

**Front Office Use Only:**

	Date	Time	Amount	Check # or Last 4 digits of CC
Reservation Form & Deposit				
Name on Check or CC				
Balance Paid				
Travel Insurance (optional)				CK Only