

AMR TRAVEL CLUB - GROUP TRIPS – 2017

Today's Date _____ Trip Name and Date _____

*** * PRINT CLEARLY * ***

**** Please note that a \$100 per person deposit must be stapled to application ** Make checks payable to AMR Travel Club ****

#1 Name: _____ **#2 Name:** _____

Address: _____ **Address:** _____

City/State/Zip: _____ **City/State/Zip:** _____

EMAIL: _____ **EMAIL:** _____

Boardmail (if applicable): _____ **Boardmail (if applicable):** _____

Phone: _____ **Cell:** _____ **Phone:** _____ **Cell:** _____

AA Employee Number (if applicable): _____ **AA Employee Number (if applicable):** _____

Club Member: Yes ___ No ___ **Club Member: Yes ___ No ___**
(Airline employee MUST be a member of the AMR Travel Club) (Airline employee MUST be a member of the AMR Travel Club)

Emergency Contact Name: _____ **Emergency Contact Name:** _____

Emergency Contact Phone: _____ **Emergency Contact Phone:** _____

TOTAL AMOUNT PAID: \$ _____

Your signature(s) below indicates you have read the Liability Waiver and the ABC's of the AMR Travel Club, available at www.amrtvl.com and that you agree to the terms of these documents as outlined on the website. You also agree to monitor the AMR Travel Club web page at www.amrtvl.com, as well as your email account(s) for information relating to final payment dates, possible itinerary changes and other notices. A minimum non-refundable portion of the deposit paid is \$50.00 per person. Additional cancellation fees may apply within 120 days of departure. If you cancel and a replacement cannot be found, you may be liable for the full trip amount. *Check with your AMR Travel Club trip coordinator for detailed information on cancellation policies for your specific trip.* If you are traveling as a guest with a Travel Club member, but not rooming with that Club member, an additional charge of \$25.00 will be added to your total trip cost. You have also been advised that the purchase of trip insurance through an independent provider is highly recommended.

X _____ X _____

#3 Name: _____ **#4 Name:** _____

Address: _____ **Address:** _____

City/State/Zip: _____ **City/State/Zip:** _____

EMAIL: _____ **EMAIL:** _____

Boardmail (if applicable): _____ **Boardmail (if applicable):** _____

Phone: _____ **Cell:** _____ **Phone:** _____ **Cell:** _____

AA Employee Number (if applicable): _____ **AA Employee Number (if applicable):** _____

Club Member: Yes ___ No ___ **Club Member: Yes ___ No ___**
(Airline employee MUST be a member of the AMR Travel Club) (Airline employee MUST be a member of the AMR Travel Club)

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Page 2 (if applicable)

Today's Date _____ Trip Name and Date _____

CONTINUED from Page 1:

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Emergency Contact Phone: _____ Emergency Contact Phone: _____

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X _____ X _____

#5 Name: _____ #6 Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

EMAIL: _____ EMAIL: _____

Boardmail (if applicable): _____ Boardmail (if applicable): _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

AA Employee Number (if applicable): _____ AA Employee Number (if applicable): _____

Club Member: Yes ___ No ___ Club Member: Yes ___ No ___
(Airline employee MUST be a member of the AMR Travel Club) (Airline employee MUST be a member of the AMR Travel Club)

Emergency Contact Name: _____ Emergency Contact Name: _____

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TOTAL AMOUNT PAID: \$ _____

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X _____ X _____