

# AMR TRAVEL CLUB - GROUP TRIPS - 2020

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 current member of the AMR Travel Club)* *(Airline employee MUST be a current member of the AMR Travel Club)*

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](http://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](http://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, and at 60 days or less prior to departure, the trip is non-refundable. 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 \$20.00 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 current member of the AMR Travel Club)* *(Airline employee MUST be a current member of the AMR Travel Club)*

**Page 2 (if applicable)**

Today's Date \_\_\_\_\_ Trip Name and Date \_\_\_\_\_

**CONTINUED from Page 1:**

Emergency Contact/Phone: \_\_\_\_\_ Emergency Contact/Phone: \_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT PAID: \$ \_\_\_\_\_

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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 current member of the AMR Travel Club)* *(Airline employee MUST be a current member of the AMR Travel Club)*

Emergency Contact/Phone: \_\_\_\_\_ Emergency Contact/Phone: \_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT PAID: \$ \_\_\_\_\_

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X \_\_\_\_\_ X \_\_\_\_\_