

The Brooklyn Recreation Center– Trip Reservation Form

These trips will be operated and escorted by JKL TOURS LLC, of Willoughby, Ohio. Please provide payment to the BRC, before the Reservation deadline. ALL TRIPS ARE SUBJECT TO CHANGE!

Please note the following~

1. On some trips, we may combine with another senior centers as that would give us the best chance to have our trips GO!
2. Bus seating: Seats are assigned based on the date of payment. If you want to sit with someone, make sure you note it on your check and application (see below.)
3. Please let us know if you have any dietary limitations, e.g. vegetarian, vegan, gluten-free, etc.
4. We strongly suggest you carry a hand-sanitizer with you. JKL TOURS works to keep all of our guests socially safe as much as possible.
5. These trips are set up as Wellness activities. If you use a walker or have physical challenges, we need you to bring an able-bodied caregiver. The JKL ESCORT is responsible for everyone on the bus and cannot look after just one person with special needs.
6. Tour Cancellation and/or Itinerary Changes: A FULL Refund will be made if the trip is canceled. However, if YOU need to cancel, any refund will be based on when you cancel and if JKL TOURS can obtain a refund from the trip sponsors.

Travel involves personal responsibility and an understanding that travel is a unique adventure. The Brooklyn Senior Center, JKL TOURS LLC and the tour leader are only acting as agents for the applicant and shall not be liable for any loss of or damage to baggage or property; for any loss injury, personal injury, death, accident, delay, inconvenience or other loss occurring during or caused by applicant’s participation or lack of participation on this tour.

- Please fill out this Emergency information and BRING WITH you to Give to the Tour Escort - -

I/We, \_\_\_\_\_ am/are participant(s) on the above trip. In the event of an emergency, please contact -

#1 Name \_\_\_\_\_ Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medications you are taking and/or any allergies you may have \_\_\_\_\_

\_\_\_\_\_ Please let the EMS know if you have been vaccinated \_\_\_ Yes, \_\_\_ No.

Please note - at the end of our trip, we will have the JKL Escort return this form to you.

- - - - Please complete the application below and include with payment to the office - - - - -

Yes, I have read AND I understand all the information provided.

Please print: Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Email \_\_\_\_\_ Dietary needs? \_\_\_\_\_

I would like to sit near \_\_\_\_\_