

Elders' Inc.

One Day Travel Agreement

This is an agreement related to travel to [place] _____ on [date] _____

Name: [print] _____

Relationship: ☐ Squaxin Member Elder ☐ Elder's Spouse ☐ Elder's Caregiver ☐ Elder's Guest

Address: _____

Phone No. Home: _____ Cell: _____ Email: _____

☐ Deposit Paid \$ _____ Date: _____ Receipt #: _____

Contact person in case of illness or accident:

Name: [print] _____

Relationship: ☐ Spouse ☐ Child ☐ Sibling ☐ Other

Address: _____

Phone No: _____ Email: _____

Promise to Repay Elders' Inc.

I understand that I am making a commitment to travel and, as a result, Elders' Inc. will in turn be making financial commitments for my benefit. I agree to notify the Elders' Coordinator as soon as practicable upon learning that I cannot travel. I agree to reimburse Elders' Inc. for any expense it incurs as a result of my commitment to travel if I cancel or otherwise do not travel. If Elders' Inc. does not incur costs equal to my deposit, I will refund the balance of the deposit.

Signature

Date Signed

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