Elders' Inc.

Two Day (One Night) 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