

2010 "March for Life" – Red Eye Bus Trip

❖ *A complete travel itinerary will be mailed to you January 8, 2010*

PICK UP LOCATIONS: Check one box only.

- St. Josaphat Parish, 26401 St. Josaphat Drive, Warren, MI 48091.
- Our Lady of the Woods Parish, 21892 Gudith Rd., Woodhaven, MI 48183
- Domino Farms, Lobby C at: 24 Frank Lloyd Wright Drive, Ann Arbor, MI

PAYMENT OPTIONS:

- **Credit Card: VISA, MC, Discover:** Contact Karen Walacavage, RLM Office Mgr. to register: (734) 930.7474
 - **Personal Check and/or Money Order:** Mail registration form with payment to:
Right to Life of Michigan, 24 Frank Lloyd Wright Drive, P.O. Box 493, Ann Arbor, MI 48106
NOTE: Make personal check and/or money order to: **Right to Life of Michigan**

Right to Life of Michigan Red Eye Bus Trip Registration Form

Travel Dates: January 21 – January 23, 2010

(no overnight hotel accommodations & not a tour)

Name: _____
Street Address: _____
City: _____, State: _____, Zipcode: _____
Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____
Confirm my registration by: Phone _____ or Email: _____ Email address: _____

- **REGISTRATION:** *Check one box only.* A registration form **must** be completed for each passenger.

STUDENT & SENIORS \$90:

- I am 18yrs or older – Complete registration form and mail with payment.
- I am 17yrs or under ~ **You must be accompanied by Parent or Adult Chaperone 18yrs & older.**
 - Items that must be submitted together for your registration to be complete:
 - Registration forms for Student and either a Parent or Adult Chaperone.
 - Parental consent form completed & signed (if you are not traveling with parent). Please see over.
 - Contact info for Adult Chaperone (if applicable). See below section, and complete.
- ADULT FARE: \$95:** Complete registration form and mail with payment.

- **PAYMENT METHODS ACCEPTED:**

- Personal Check. Amount enclosed: _____
- Money Order: Amount enclosed: \$ _____
- Credit Card(s): VISA, MasterCard, and Discover only:
For Credit Card payment(s), contact Karen Walacavage, Ann Arbor Office at 734. 930.7474 to register.

ADULT CHAPERONE NAME: _____
SCHOOL NAME (if traveling with a school): _____
ADDRESS: _____
CITY: _____ **STATE:** _____, **ZIPCODE:** _____
HOME PHONE: _____ **CELL:** (_____) _____

Refund Policy: In the event that Right to Life of Michigan cancels trip due to inclement weather, refund of fare will be made.