

**REGISTRATION FORM \*\*\* LANCASTER, PA \*\*\* JUNE 15 - 17, 2026**

\$585 per person double occupancy, (\$784 for single). A \$25 deposit per person (goes towards the price of the trip; non-refundable unless the trip is cancelled) MUST accompany this registration form. Make checks payable to Joyful Journey Travels. Send to Julia Greer, St. Mark's UMC, 19 Cedar Ridge Dr., Daleville, VA 24083. Final payment in full (less deposit), is due THURSDAY, APRIL 2ND. Please allow mailing time. If you prefer to drop off payment at the church, regular office hours are Mon, Wed, Thurs, from 9 – 12. Please call church office at 540-992-3030 before driving there to verify office is open.

\*Please print and include complete address\*

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROOMMATE: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

CHURCH AFFILIATION: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**\*\*\* KEEP THIS PORTION FOR YOUR RECORDS \*\*\***

**LANCASTER, PA TRIP PAYMENTS: (\$585 PER PERSON DOUBLE) (\$784 SINGLE)**

**CHECKS TO: JOYFUL JOURNEY TRAVELS**

INITIAL DEPOSIT WITH REGISTRATION FORM: Date \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_

FINAL PAYMENT IN FULL ( LESS DEPOSIT): Date \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_

AON AFFINITY TRAVEL INSURANCE: Date \_\_\_\_\_ Payment Method \_\_\_\_\_ Amt \_\_\_\_\_

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