

COMPANY NAME: \_\_\_\_\_

## MAUI

January 5 - 12, 2020

**EARLY BIRD RAFFLE** \$500 cash raffle drawing

CUSTOMER NUMBER:

You can also fill this form out online: www.preferredpump.com/maui

FEDEX DELIVERY ADDRESS (NO P.O. BOXES)	
	Our travel boxes do not fit in P.O. boxes.
TRAVELER #1	TRAVELER #2
***State Issued ID Information***	***State Issued ID Information***
First: Middle:	First: Middle:
Last:	Last:
Suffix (Jr, III): Gender: DOB:	Suffix (Jr, III): Gender: DOB:
I verified that the information above matches the state issued identification I intend to use to board the plane.	I verified that the information above matches the state issued identification I intend to use to board the plane.
Nickname: (For Your Name Badge)	Nickname: (For Your Name Badge)
For example, your name is Matthew, but you prefer to be called Matt.	For example, your name is Matthew, but you prefer to be called Matt.
Preferred Airport:	Preferred Airport:
☐ I don't need a flight ☐ I need a wheelchair at airport	☐ I don't need a flight ☐ I need a wheelchair at airport
Cell Phone Number: ( ) -	Cell Phone Number: ( ) -
Email Address:	Email Address:
TRAVEL REQUESTS & DISCLAIMERS:	
If you plan to fly from a REGIONAL AIRPORT, you will be charged additional points based on any additional costs incurred from using a smaller airport.	
Hotel: □ King Bed □ 2 Double Beds □ Crib □ Handicap Accessible Hotel Room □ Other:	
which the undersigned now has or which the undersigned's heirs executors, administrators, assigns, or s	ge Preferred Pump & Equipment, its agents and employees from any and all claims, demands, and causes of action uccessors maye have arising out of any activity in connection with the customer trip, commencing and ending on or ers, agents and their heirs, executors, admiinistrators and assigns, of and from all of the liabilities described above,
Signature:Date:	(Only the Owner, Manager, or Travel Leader needs to sign)