

SENIOR RECOGNITION PROGRAM



TRIP PLAN

**** WRITE LEGIBLY & SUBMIT NO LATER THAN MARCH 15 ****

Please complete the following form, outlining your recognition trip plans and estimated budget. Retain a copy for your records, and send the original form and supporting documents to CAHEC.

Trip Coordinator: _____ Phone Number: _____

Name of Apartment Community: _____

Fundraiser Activity & Date: _____

Social Activity & Date: _____

Trip/Event Destination: _____ Date: _____

Please include estimated expenses if actual expenses are not available.

Lodging <i>Name of Hotel or Tour Company:</i> <i>Address or website:</i> <i>Phone Number:</i> <i>Number of Rooms:</i> <i>Confirmation #, if any:</i>	Total Cost: \$
Transportation <i>Local Enterprise office or tour bus company:</i> <i>Phone Number:</i> <i>Name of Driver:</i> <i>Driver's Phone Number:</i> <i>Confirmation #, if any:</i>	Total Cost: \$
Meals <i>Breakfast (\$5 per person):</i> <i>Lunch (\$10 per person):</i> <i>Dinner (\$15 per person):</i>	Total Cost: \$
Admission/Ticket Fees <i>Name of Show/Theme Park:</i> <i>Phone Number:</i> <i>Desired Date & Time:</i> <i>Name of Show/Theme Park:</i> <i>Phone Number:</i> <i>Desired Date & Time:</i>	Total Cost: \$
Other Expenses, if any (<i>please describe</i>) 	Total Cost: \$

DOCUMENT CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Final Roster of Trip Attendees
<input type="checkbox"/> Copy of CPR Certification | <input type="checkbox"/> Documentation of Hours
<input type="checkbox"/> Consent & Release Forms |
|---|---|

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TRIP ROSTER – *please use separate form if necessary*

When listing your trip roster, be sure each of the residents have completed or will have completed the three program requirements: 100 hours of activities, participation in the fundraiser AND participation in the social events. If they have not, they are not eligible to attend the trip.

	Name of Resident	Phone #	Apt #	# Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
			Non-resident Attendees	

RESIDENCY VERIFICATION – *for property/site manager*

I certify that each above-listed person is a resident of _____ and is in good standing.
Name of Apartment Community

By signing below, I also support their participation in the Senior Recognition Program trip.

Signature of Property/Site Manager

Date