

CREATIVE DIRECTIONS INC.

TRAVEL CLUB • CONNECT • EXPLORE • ENJOY

MEMBER SIGN-UP FORM

Join us for fun, fellowship, and memorable destinations! Please print clearly.

MEMBER INFORMATION			
Full Legal Name		Preferred Name	
Street Address		Apartment / Unit	
City / State / ZIP		County	
Primary Phone		Alternate Phone	
Email Address		Preferred Contact	☐ Call ☐ Text ☐ Email
Birthday	Month: _____ Day: _____	T-Shirt Size	☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ Other _____
EMERGENCY CONTACT			
Contact Name		Relationship	
Primary Phone		Alternate Phone	
TRAVEL PROFILE			
Transportation Needs	☐ None ☐ Wheelchair-accessible ☐ Other _____	Mobility Support	☐ None ☐ Cane ☐ Walker ☐ Other _____
Trip Interests	☐ Day trips ☐ Overnight ☐ Festivals ☐ Museums	More Interests	☐ Shopping ☐ Beach ☐ Sports ☐ Other _____
Room Preference	☐ Single ☐ Shared ☐ No preference	Travel Companion	Name: _____
HEALTH, SAFETY & ACCESSIBILITY			
Allergies, dietary restrictions, medical alerts, or accommodations we should know about: _____			
Additional notes or special assistance requested: _____			
MEMBER ACKNOWLEDGMENT			
I understand that trip dates, costs, destinations, and requirements may vary. I agree to follow Travel Club safety instructions and promptly notify Creative Directions Inc. of changes to my contact, emergency, health, or accessibility information.			
Member Signature		Date	
Parent / Guardian		Date	