

Maritime Holiday Caravanner Data Sheet

Last Name: _____ First: _____ Spouse: _____

Street Address: _____ City/State: _____

Zip: _____ Phone H:(_____) Phone C:(_____) WBCCI# _____

Adult Guests Name: _____ Minor Guests Name: _____

Pets/Type/Name: _____ Vaccinations? _____

Birthdays & Anniversary occurring during caravan? His _____ Hers _____ Anniv. _____ Years: _____

I have read and understand the Caravanning Basics literature. _____
Driver's Initials Spouse's Initials

Emergency Information:

Contact: _____ Relationship _____

Address: _____ Phone: _____

City/State/Prov/Zip: _____

Handicap/Medic Alert Info: _____

Handicap Parking Required: _____ Have Placard? _____

Miscellaneous Information:

Traveling with a Computer? _____ Printer? _____ Digital Camera? _____ 1st WBCCI Caravan? _____

Traveling with a Generator? _____ Compressor? _____ BBQ Grille? _____ Led a Caravan? _____

Have a CB? _____ Have a handheld CB? _____ Have FRS Walkie Talkies? _____ Ham Operator? _____

Caravan Job Interests

First Aid _____ Parking _____ De-parking _____ Caboose _____ Sanitation _____ BBQ _____

Photographer _____ Journal _____ Blessing _____ Emcee _____ Campfire _____ Librarian _____

Socials/Entertainment _____ Specialty-Electrician/Plumber/Carpenter, etc? _____

Your Interests

Games, Cards, Sports, Hobbies, Crafts, Singing, Musical Instrument (with you)? _____

I belong to: (Circle Any That Apply) Good Sam Club, Escapees, AARP, AAA Travel, Golden Age Passport, National Park Pass, Gold Eagle, FMCA, WBCCI-Vintage, WBCCI-Free Wheelers, WBCCI-Full Timers, WBCCI-CB, WBCCI-Amateur Radio.

Please return this sheet with \$200 check made out to PEI Region One Caravan.

Mail to: Caravan Treasurer, Trevor Lake 315 Oak St. Marshfield, MA 02050