



*Life Enrichment Center*  
*Marshall County Council on Aging*  
1305 W. Harrison Street      Plymouth, Indiana 46563  
574-936-9904      toll-free: (866) 936-9904

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### **Marshall County Council on Aging (MCCOA) Bus Trip Policy**

**PARTICIPANTS:** Participants must be at least 18 years old, in reasonably good physical/mental health, and able to take care of themselves (i.e. able to negotiate stairs and other required walking, either by themselves or with their own prearranged assistance, manage medications on their own, and carry their own luggage.)

Participants should be considerate of other passengers: please stay home if you are suffering from communicable diseases, avoid causing any allergic reactions by not using strong or excessive fragrances, and be punctual. The buses cannot wait for anyone; you must adhere to scheduled times. If you become separated from the group, please call the group leader immediately, whose phone number will be provided upon departure.

**REGISTRATION:** Registrations will be taken on a first-come, first-serve basis once the trip is announced. Reservations will only be taken when the traveler's required information and paid deposit are received.

**PAYMENT:** Payments may be made to the Marshall County Council on Aging, 1305 W. Harrison St., Plymouth, IN 46563 by check, cash, or money order. All payments must be received by the stated deadline for each trip. All gratuities for bus drivers, tour guides, etc. are included in the price of the trip for your convenience.

**PARKING:** Overnight parking is not allowed at the Life Enrichment Center. Please make arrangements to have someone drop you off and pick you up upon return. If you cannot arrange for your own transportation to the Life Enrichment Center, please call MCCOA to arrange for a pick-up at a prearranged alternate location.

**CANCELLATIONS:** Cancellations will be refunded if notified at least 2 weeks prior to departure, provided there are still enough participants for the trip. MCCOA reserves the right to cancel any trip that does not meet the minimum number of participants. Any cancellations after the 2-week grace period will not be refunded.

**SEATING:** There is no assigned seating on our bus trips. Group leaders will try to accommodate requests for special seating when possible.

**TRIP INSURANCE:** MCCOA highly recommends purchasing trip insurance. Trip insurance is available through Travel Insured International or your own insurance agency.

**DISCLAIMER:** MCCOA offers bus trips to provide life enriching travel experiences to Marshall County residents and their family and friends. MCCOA contracts with Diamond Tours, who then contracts with local charter bus services. MCCOA and its employees, agents, and volunteers assume no responsibility for the acts or omissions of contractors or claims for injury or damages sustained by, through, or as a result of participation in the bus trips. MCCOA also reserves the right to terminate tour services for any participant at any time for good cause.

**All of the information requested (page 2) must be provided in order to register for a trip. If you have any questions regarding any of the information in the bus trip policy, please call Marshall County Council on Aging at 936-9904 or toll-free at 1-866-936-9904.**

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\_\_\_\_\_ I certify that I have read and agree to MCCOA's bus trip policy.      Today's Date \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ Phone number \_\_\_\_\_

Roommate (s): \_\_\_\_\_ SPECIAL NOTES \_\_\_\_\_

List any others you are traveling with: \_\_\_\_\_  
(that you'd like to be on the same bus with) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in being a group leader? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Group leaders are appointed by the Council on Aging on a trip by trip basis.)

FOR OFFICE USE ONLY – do not complete

Deposit check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Final payment check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Travel Insurance

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_