



# Mystery Trip

**Tuesday, June 29, 2021---\$119 Per Person**

Trip Departs from Fort Wayne and Decatur

Tour is sponsored by Memories in Motion, Inc. and escorted by Steve and Sheila Magsamen. Memories in Motion, Inc. and Steve and Sheila Magsamen act only as agents for the tour members in arranging accommodations, transportation, sightseeing, admissions, restaurants, etc. and are not responsible for any loss or damage of personal property or for injuries or expenses incurred or claimed by tour members. Memories in Motion reserves the right to make changes in the tour for comfort and well-being of passengers; decline or accept any person as a tour member at any time, cancel the tour should it become necessary, refunding all trip monies, thus releasing them from further obligation.

**Payment:** Check or Money Order Payable to Memories in Motion, Inc., 9733 Red Twig Place, Fort Wayne, IN 46804-5962.

**Cancellations:** Cancellations made prior to May 29, 2021, will receive a full refund less 10%. Refunds for cancellations after that date will be determined by the monies received back from restaurant, attractions, etc. All efforts will be made to find a replacement for you from the waiting list to help ensure you receive a full refund.

**Gratuities:** Gratuities for the meal(s) listed in the itinerary are included. Gratuities are NOT included for the driver (\$2-\$3 per person, per day).

If additional information is needed, contact Sheila Magsamen, 260-432-8488.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number(s) \_\_\_\_\_

Emergency Contact Phone Number(s) \_\_\_\_\_

Food Allergies or  
Special Dietary Needs \_\_\_\_\_

Food Allergies or  
Special Dietary Needs \_\_\_\_\_

Pick Up Location: Fort Wayne OR Decatur

Pick Up Location: Fort Wayne OR Decatur

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit entire form with deposit.**

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