

Event Reservation Form

Please use this form when making reservations and payments
for 60 Plus trips and special events.

Please use one form per person.

Date & Name of Event _____

Name _____ Circle one: Guest or Member

Address _____ Birthdate: _____

City _____ State _____ Zip _____ Phone () _____

Emergency Contact _____ Phone () _____

Amount Enclosed \$ _____ (If paying with credit card please complete Credit Card Payment Form)

Please make checks payable to Perry Memorial Hospital.

Mail to: PMH Marketing Dept. - 530 Park Ave. East - Princeton, IL - 61356

Prior to mailing payment, please call 815-876-4454 to verify your reservation.

Credit Card Payment Form

Do not send information via e-mail!

This form is designed to be printed and filled out by the participant
and returned to PMH Marketing Department in person or via mail.

PMH will not accept credit card information as an e-mail attachment.

E-mail is not a secure form of submission and, therefore, confidential information should not be sent to PMH via e-mail.

Mail to: PMH Marketing Dept. - 530 Park Ave. East - Princeton, IL - 61356

Please use this form when making credit card payments
for 60 Plus trips and special events.

Please complete the information as it appears on your credit card billing statement.

Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Card Type:(circle one) _____ Visa _____ Master Card _____ Discover _____

Credit Card Number: _____ Exp. Date _____

Security Code: (3 digit number located on back of your card in the signature box.) _____