



### SMART CARAVAN APPLICATION

Make Checks Payable to: SMART or contact HQ SMART to pay by credit card

Mail To: SMART, INC. 114 Duxbury Ave, Molino, FL 32577

A minimum of \$280.00 will be submitted with this application. \$80.00 of which is a nonrefundable, non-transferable Administrative Fee (unless cancelled by SMART). The remaining \$200.00 will be credited as a deposit on the cost of the caravan. 100% deposit refunds will not be made unless a replacement is found, funds for the caravan have not been expended, or the service provider returns funds expended. Trip Cancellation Insurance is at the discretion of the participant. You may wish to contact your regular insurance provider to ascertain if they provide this service.

**Please Print Clearly**

Caravan Name \_\_\_\_\_ Start Date \_\_\_\_\_

Mbr# \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Spouse/S.O. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ How do you prefer to receive correspondence? E-Mail \_\_\_\_\_ USPS \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell 1) \_\_\_\_\_ (Cell 2) \_\_\_\_\_

Email (His) \_\_\_\_\_ (Hers) \_\_\_\_\_

Name of Guest traveling in your rig \_\_\_\_\_

JACKET SIZE (if available): His - (S) (M) (L) (XL) (XXL) (XXXL) Hers - (S) (M) (L) (XL) (XXL) (XXXL)

Guest - (S) (M) (L) (XL) (XXL) (XXXL) (Wagon Master may provide additional size charts info later)

Is this your 1<sup>st</sup> SMART caravan? (Y) (N) Type RV: Class A/C \_\_\_\_\_ 5th Wheel \_\_\_\_\_ Trailer \_\_\_\_\_ # Slide Out(s) \_\_\_\_\_

Length \_\_\_\_\_ ft. Coupled (with tow vehicle) \_\_\_\_\_ ft. License Plate #'s: RV \_\_\_\_\_ Vehicle \_\_\_\_\_

Do you want 50 AMP at an extra cost (if available - **NO GUARANTEE**) - (Y) (N) pay at campground.

Do you or your traveling companion use any of the following, cane, walker, wheel chair (electric), scooter, C-PAP?

Yes/No If YES, please indicate which one(S) \_\_\_\_\_

Special Diet Needs: (His) \_\_\_\_\_ (Hers) \_\_\_\_\_

Do you have Senior, Annual, or Access National Park Pass (Y) (N) Do you have pets (Y) (N) How many \_\_\_\_\_

Type/Breed \_\_\_\_\_

Birthday: (Month/Day only) His \_\_\_\_\_ Hers \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

**ALL SMART Members & non-SMART members must sign in order to participate – Please Read:**

For services rendered to/received by those signed below, in their participation of the SMART activity named above, the undersigned hereby releases, and agrees to indemnify and hold harmless SMART Inc, all officers, directors, employees, agents and their successors and assigns from all liabilities, injuries, obligations, claims, demands, losses, damages, judgments, penalties, expenses and disbursements, including reasonable attorney’s fee of any kind and nature arising out of, or in any way related to the activity listed above. SMART is NOT responsible for the actions of any participating company, or agent, with regard to their role in organizing, planning, or for any other service they may provide for the benefit of the named person or activity. All persons must be 18 years or older, and must sign the required application. Name & Signature of Guests in your Rig “REQUIRED.”

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

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

**ALL CARAVAN MEMBERS MUST HAVE A SMART NAME BADGE.  
Contact National HQ to order: Cost is \$7.50 (this includes S & H)**

Revised: Dec 2018 previous editions are obsolete and should not be used

**EMERGENCY/PERSONAL DATA INFORMATION**

**NOTE: This information will be treated as "Confidential" by Wagon Master and HQ SMART**

**EMERGENCY CONTACT:**

Primary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Secondary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Are there any Conditions Which May limit your participation in the caravan? If so please list below:

His \_\_\_\_\_

Hers \_\_\_\_\_

In the event, your medical history includes cardio-pulmonary or other limiting conditions please obtain PRIOR approval from your personal physician at least **60 days** prior to departing for the caravan assembly point and send to Wagon Master and HQ SMART.

**The Medical information section of this form has been removed and the VIAL OF LIFE form has replaced it. The VIAL OF LIFE can be down loaded from SMART Website in either an EXCEL or PDF format. When completed, place it into a container (large pill bottle or freezer baggie and place it into the freezer of your rig). In the event of a medical emergency, this information can be given to the first responders and or the Medical personnel. Remember to update this form any time your medical situation changes.**

**NOTE: Provide any changes immediately to Wagon Master and HQ SMART**