INS-04003-FK17

Trip Routing Request Form

YES, I would like to request a Subaru Roadside Assistance Plus Trip Routing.

Complete this Trip Routing Request Form and mail today or call us toll free at 1-800-815-1050. Please allow 3 – 4 weeks for the delivery of your personalized Trip Routing Planner after receipt of request.

Departure Date	:	_			
Leaving from:	City	State	Stop No. 3:	City	State
	■ Most direct route	☐ Scenic route			
Stop No. 1:	City	State	Stop No. 4:	City	State
Stop No. 2:	City	State	Stop No. 5:	City	State
Please print clearly. Name Membership N			lumber		
Address			City	State	Zip
Prefer to receive	your trip routing via ema	l? Enter vour email here:			
From time to time		n about benefit updates, rer	newal alerts or savings		nembers only. Your e-mail address
© Cross Country Motor (Club, Inc. 3/24				
		iss <u>NO-COST</u> (I 1-800-815-105	•	•	S
•					out your pre-registered
Please print clearly.					

From time to time we may send you information about benefit updates, renewal alerts or savings opportunities available to members only. Your e-mail address remains confidential and will never be shared with anyone without your permission.

Name ______ Membership Number _____

Phone _____ Email _____

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Your Subaru Roadside Assistance Plus Trip Routing benefits are waiting...

...and taking advantage of them is easy: Simply call us toll-free at **1-800-815-1050** or complete this form, place in an envelope, and mail to:

Subaru Roadside Assistance Plus Trip Routing P.O. Box 9105 Medford, MA 02155-9105

Thank you for being a valued **Subaru Roadside Assistance Plus** member.



Your Subaru Roadside Assistance Plus Lost Key Retrieval benefits are waiting...

...and taking advantage of them is easy: Simply call us toll-free at **1-800-815-1050** or complete this form, place in an envelope, and mail to:

Subaru Roadside Assistance Plus Lost Key Retrieval P.O. Box 9105 Medford, MA 02155-9105

Thank you for being a valued **Subaru Roadside Assistance Plus** member.