Adventure Student Travel

877-397-5700

REGISTRATION FORM

Personal Information – PLEASE PRINT USING CAPITAL LETTERS your first and last name as it appears on your birth certificate or valid driver's license.

FIRST NAME LAST NAME

DATE OF BIRTH GENDER PARTICIPANT STATUS

X X X X X X

MM DD YY MALE or FEMALE ADULT or STUDENT

PARTICIPANT MAILING ADDRESS

CITY STATE ZIP CODE

X X X X

PARTICIPANT HOME TELEPHONE

GROUP or SCHOOL NAME

Contact & Emergency Information – PLEASE PRINT USING CAPTIAL LETTERS the name of the parent or guardian who is authorizing you to participate in this trip. If you are 18 years of age or older, please list the name of a friend or relative not traveling with you whom we could contact in the case of an emergency.

FIRST NAME LAST NAME

RELATIONSHIP TO PARTICIPANT - Indicate only one – Parent / Guardian / Relative / Spouse / Friend

MAILING ADDRESS

CITY STATE ZIP CODE

X X X X

WORK TELEPHONE HOME TELEPHONE

- - X - -

Payment Information – PLEASE PRINT CLEARLY AND LEGIBLY

- ❑ I have enclosed a money order in the amount of $_____ made payable to Adventure Student Travel. Please make sure your Group or School name is on your money order (Platinum Plan Only).
- ❑ I wish to pay by credit card and understand there is an additional 4.0% charge.

E X P

MM YY

- ❑ I wish to purchase non refundable cancellation insurance for an additional $99.
- ❑ I wish to decline cancellation insurance.
- ❑ I wish to purchase a T-shirt for an additional $15 per shirt. Number of T-shirts_____,. Size _____

Signature

I have read and understand the conditions of the Permission & Release, Agreement Form and Terms & Conditions as supplied and agree to be bound hereby and to comply therewith.

Signature of Applicant _____Date_____

Signature of Parent / Legal Guardian _____Date_____