Kwame Charitable Foundation HBCU Tours Registration Form March 16-March 20, 2026

NAME	
ADDRESSCity/State/Zip	
EMAIL:	
PHONE: (home)Student (cell)_	
PARENT(S)/GUARDIAN(S):	
EMAIL:	
EMERGENCY CONTACT NUMBER(s):	
STUDENT'S PLEDGE	
As a condition of my travel on the 2026 College Tour, I he code of conduct established by the group, including those and respect for all leaders, coordinators, chaperons, peers, or support the group's activities before, during, and after that violation of the code of conduct could result in my being participating in certain tour activities.	concerning my behavior and any others that assist he tour. I also understand
Student Signature:	Date:
PARENT/GUARDIAN PERMISSION has my/our permitable, in the Kwame Charitable Foundation 2026 College 7	1 1
week of March $16 - 20$, 2026. I/we also agree to the following	

1. It is my/our understanding that the group will be transported to and from the tour sites by chartered bus. I also understand that every reasonable effort will be made to plan for safety on this trip. Nevertheless, I agree to assume full responsibility for

any personal injury or any damage to my student's personal property that may occur directly or indirectly during the course of the trip.2. I/we acknowledge that every effort will be made to contact the designated

parent/guardian in the case of a medical emergency. If I/we cannot be reached, I/we authorize the tour chaperone(s), to seek appropriate medical (physician, dentist, nurse, etc.) care for my student. Parent/Guardian Signature: ______ Date: _____ Tour Coordinators: Sonja Lemmie **Education Verification and Recommendation** Students Name: _____Male____Female____ School: City and State: Current Grade and Expected High School Graduation Year:

Mail this document to Kwame Foundation 1204 Washington Ave St. Louis, Missouri 63103 or Email KCFHBCUTOUR@GMAIL.COM