



Destination	
Group/School Name	

Name:		
Street address:		
City:	State:	Zip:
Home phone:D	ate of birth:	Gender: M F U.S. citizen: Y N
Parent email:	Conduct grade:	Passport number:(If you have one)
Passport Issued by: Pass (Country)	(as of May 2011) sport issue date:	Passport expiration date:
Mother's name:	Mo	ther's cell phone:
Father's name:	Fa	ather's cell phone:
Father's day phone:	Mother's day pho	one:
Emergency Contact Person:	Relationship:	Phone:
(Other than parent or guardian in case of emergency only)		
(Medical, health, etc. if none, write "none")		
Prescription Medications:		
(If none, write "none")		
Dietary Concerns:		
(Vegetarian, food allergies, etc.)		
I wish to room with:		
(Leave blank if not known)		
Enclosed is my deposit of \$300.00 made payable	e to Blueprint Tours, Inc. I have i	read the Terms and Conditions contained within the
		ation is provisional, pending review of my academi
and conduct history.	11	1 /1 8
<u>-</u>		
Signature of Applicant		Date:
Signature of Applicant		Butc
Signature of Parent/Guardian		Date:
(Required if student is younger than 18 years of age at time of applications)	ation submission.)	Batc
Credit Card Authorization		
Card Type: Visa MasterCard	Authorized A	Amount to be Charged:
Card Number:		
Security Code:	expiration Date:	
Card Holder Signature:	Card Holder Printed Name:	
<i></i>		

Please mail this application along with payment to:

Blueprint Tours, Inc. 39 East Quincy Street, Unit 2A Riverside, IL 60546

You are encouraged to submit your application early, as spaces are limited. All applications are provisional and subject to review of your disciplinary and conduct history. Applicants will be screened and may be denied participation. All applicants and guardians must sign the Disciplinary Policy, and the Alcohol and Drug Policy enclosed in this brochure.