

Student Tour Reservation Form

ALL FIELDS ARE REQUIRED. One form per student/chaperone/adult.

Student Traveler: Chaperone/Adult Traveler:

Name: _____ Date of Birth: _____ Gender: **M or F** (circle one)

Address: _____

City: _____ State: _____ Zip: _____

(required for student travelers)

Parent/Guardian Name: _____

Email: _____

Relation: _____ Phone: _____

For any tours that cross the boarder or leave the country, a valid passport will be required. The passport must have at least 6 months validity from date of return.

Passport Number: _____ Issue Date: _____ Exp. Date: _____

Special Requests / Needs: _____

Roommate(s) for Chaperone/Adults only: _____

This Completed Form must be accompanied by a deposit and a travel protection application form (as applies). Refer to the Tour Brochure for Trip Costs, Deposit Amounts and Contact Information.

Traveling with (Group Name) _____ Trip Dates: _____

Amount of Initial Payment (enclosed): \$ _____

Includes Travel Protection Premium

By signing below, I verify that all information provided on this form is correct, including my/my child's legal name. I understand there may be additional fees imposed or I may not be eligible to participate in this tour if any of the above information is incorrect or results in a change. The information provided will be used for a reservation on this tour only. To be eligible for Travel Protection, I will submit a completed application within 14 days of the date that I sign this form.

Passenger/Parent Signature (required): _____ Date: _____