

School Name - _____

Trip # ____/____

REGISTRATION FORM

Registration Type: Student _____ Adult _____ Chaperone _____

Registrant's Name: _____ Male/Female _____

Print Parent/Guardian(s) Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____ Parent's Work Phone (____) ____-____

Parent's Email Address: _____

T-Shirt Size (Adult sizes - free with tour): S ___ M ___ L ___ XL ___ XXL ___

Payment Protection Program - For your convenience and protection, you will be automatically enrolled into the Payment Protection Program which protects your payments (minus the program fee) in the event you, the tour director, school or administration need to cancel at any time prior to the trip departure. This fee is OPTIONAL and you may elect to DECLINE enrollment into the program BY CHECKING THE NO BOX on the back of this form, by writing "declined" on your first partial payment coupon, or by submitting a written request within 30 days of registration. Rejection of the program, however, subjects the participant to all cancellation fees which can be as high as 85% of the trip price. **See the program costs and cancellation/refund policy on the back of this form.**

Total Trip Registration Fee: \$99.00 (This payment IS applied to the trip price)

Payment Methods:

____ Enclosed is my check payable to School Tours of America. My canceled check is my receipt. There is a \$40.00 service charge for returned checks.

____ Charge My: Visa _____ MasterCard _____ Discover _____ \$ _____

Card Number: _____ Expires: _____

Security Code: _____ For security reasons, include the 3 digits following the card number located on the signature strip.

Card Holder Name (print): _____

Card Holder Signature: _____

I have read and agreed to the registration, pricing, refund policies, general information terms and conditions outlined on the back and in the enclosed brochure.

Parent/Guardian Signature: _____

SCHOOL TOURS OF AMERICA, LLC
www.schooltourofamerica.com

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