



APPLICATION FORM

Student Information

Name: _____ Date of Birth: _____ Sex: M F
Citizenship: _____ Passport Number: _____ Expiration: _____
Cell Phone: _____
Home Address (mailing):

Current High School Attending: _____

I am applying for the: *California Tour* _____ *Northeast Tour* _____

Parental/Emergency Contact Information

Mother's Name: _____ Father's Name: _____
Employer: _____ Employer: _____
Home Phone #: _____ Home Phone #: _____
Cell phone #: _____ Cell phone #: _____
Work Phone #: _____ Work Phone #: _____

Medical Information

Medical Insurance Company Name: _____ Policy Number: _____
Insurance Contact Phone Number: _____

Physician's Name: _____ Phone Number: _____

If parent or legal guardian is not available in an emergency, notify:

Name: _____ Relationship: _____ Phone: _____

Medications Currently Taken:	Dosages:	Time Taken:	Reason:
_____	_____	_____	_____
_____	_____	_____	_____

Are there any other medical conditions we should be aware of (allergies etc)?

We have carefully read, fully understand, and agree to abide by all the Terms and Conditions.

Student Signature Date

Parent Signature Date