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GENERAL INFORMATION SHEET

STUDENT INFORMATION					
Last Name:		First Name:		Middle Initial:	
Address:				Apt:	
City:		State:	E-Mail Address:		Zip Code:
Home Phone: () -		Parent Cell Phone: () -		Student Cell Phone: () -	
Mother's Name:		Work Phone: () -		Extension:	
Father's Name:		Work Phone: () -		Extension:	
School Name:				Grade:	

TOUR INFORMATION	
Tour Name:	
Date:	Cost: \$

PAYMENT SCHEDULE & INFORMATION	
A fifty percent (50%) deposit is due ninety (90) days prior to tour departure. The remaining balance shall be due thirty (30) days before the scheduled tour date.	
Method of Payment:	Amount:
<input type="checkbox"/> Check Enclosed:	Check Number:
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express	Card Number: Expiration Date:
Name of Cardholder:	
Signature of Cardholder:	



EMERGENCY CONTACT INFORMATION		
Relationship:		
Last Name:	First Name:	Middle Initial
Address:		Apt:
City:	State:	Zip Code:
Home Phone: () -	Cell Phone: () -	

As parent or legal guardian of the aforementioned student, I hereby give my consent for any emergency medical or dental treatment as approved by the tour consultant or other adult escort, in case of illness or injury while participation in activities sponsored by **King's College Tours**. I agree to hold harmless **King's College Tours**, its employees and agents from any injury or sickness occurring during or as a result of the trip. I also agree that I will be fully responsible for the cost of medical treatment and any related transportation.

King's College Tours and School boards/Systems act solely in the capacity of the agents on behalf of their tour patrons in arranging tour and trip services and are not responsible for delays, cancellations, and negligence due to any persons or companies.

<u>STUDENT SIGNATURE</u>	<u>DATE</u>
<u>PARENT/GUARDIAN SIGNATURE</u>	<u>DATE</u>