

Field Trip Program 2019

Enrollment Form



Please complete and return with a \$200.00 USD Non-Refundable deposit to:

Adventures America
 5080 Robert J. Mathews Parkway
 El Dorado Hills, CA 95762
 Tel: 800-234-4723 ext. 110
 Fax: 916-939-6806

Enrollment Deadline:
 November 15, 2018

Final Payment Deadline
 60 Days Prior to Travel Date

Trip Selection: ASSE Students must limit their enrollment to a maximum of two trips

Choose your Trip Destination and Travel Dates Choose 2 or 4 students per room

Los Angeles / San Francisco, California

- () January 09 to January 15, 2019 () \$1,489 USD 4 students / 2 beds
- () March 20 to March 26, 2019 () \$1,759 USD 2 students / 2 beds

Honolulu, Hawaii

- () January 23 to January 29, 2019 () \$1,489 USD 4 students / 2 beds
- () February 13 to February 19, 2019 () \$1,759 USD 2 students / 2 beds

Orlando / Miami, Florida

- () February 27 to March 05, 2019 () \$1,479 USD 4 students / 2 beds
- () February 27 to March 05, 2019 () \$1,689 USD 2 students / 2 beds

Washington DC / New York

- () April 03 to April 09, 2019 () \$1,459 USD 4 students / 2 beds
- () April 03 to April 09, 2019 () \$1,829 USD 2 students / 2 beds

The trip prices DO NOT include your airline tickets. Please see enclosed details to calculate the approximate additional cost of the airline flight.

HOW TO REGISTER

1. The application below is the Informed Consent. By registering and signing below you agree to all the terms and conditions on the front and back of this application.
2. Complete the Consent Agreement and send in with your registration form below.
3. Please send a copy of your passport so that we can issue your airline ticket.
4. Mail, Fax, or Scan your completed forms. Fax: 916-939-6806 or Email:Katiep@AdventuresAmerica.com

Registration & Payment Form: (all Fields Required)

Organization Traveling With: _____ Nationality: _____

Traveler Full Legal Name (First, Middle, Last): _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Male or Female Date of Birth: _____ Student Cell Phone (_____) _____ Email #1: _____

Flight Information

Departure Airport: _____ Flight Estimate Cost: _____

Optional Insurance at \$70.00 Yes No Total Trip Estimate (Base price + Flight Estimate + Optional Insurance) _____

Payment Information: Payment accepted in Check, Money Order or Credit Card (Make Payment Payable to Adventures America)

Credit Card (VISA, American Express, MasterCard, Discover)

Credit Card Number: _____ Expiration Date: _____ CVC #: _____

Name of Cardholder (PRINT): _____ Signature: _____ Amount: _____

NOTE: Credit card statement charges will appear as WorldPass Travel Group

I hereby consent to my child, if under the age of 13, to register at your website www.adventuresamerica.com pursuant to your Terms of Service and Privacy Policy. I further consent to your collection, use and disclosure of my child's personally identifiable information, pursuant to the terms of, and as fully described in, the Privacy Policy. I hereby consent to the potential for price increases as set forth in §5 and §9. I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS TOUR PARTICIPANT AGREEMENT INCLUDING USE OF PHOTO AND LIKENESS IN ACCORDANCE WITH §17. I ACKNOWLEDGE THAT I HAVE MADE ALL DISCLOSURES IN ACCORDANCE WITH §16. Signature of Host Parent: _____ Date: _____