

Application

PART I: PERSONAL DATA (Please Print Clearly)

YOUR NAME _____
Last Name First Name Middle Initial

HOME ADDRESS _____
Street & Number

City/Town State Zip Code

TELEPHONE HOME (_____) _____ WORK (_____) _____
Area Code Number Area Code Number

YOUR STATUS
 Student Group Leader Accompanying Teacher Accompanying Adult

AGE _____ GRADE LEVEL _____ DATE OF BIRTH ____/____/____ SEX M F
Month Day Year

PARENT OR GUARDIAN NAME _____

ADDRESS _____
Street & Number

City/Town State Zip Code

TELEPHONE HOME (_____) _____ WORK (_____) _____
Area Code Number Area Code Number

E-MAIL ADDRESS: _____ NAME OF SCHOOL/GROUP _____

SCHOOL ADDRESS _____
Street & number

City/Town State Zip Code

NAME OF GROUP LEADER _____

EXPECTED DATE OF TRAVEL _____ DESTINATION _____
Month/Year

PART II: FINANCIAL INFORMATION

A Non-Refundable program deposit of **\$ 125.00 per participant** must accompany this application. Please make check payable to **GLOBAL ENDEAVORS**.

All participants will be billed every other month in equal payments commencing 30 days after receiving the initial deposit. You will be notified of the schedule. The balance must be received no later than 60 days prior to departure or you will be canceled from the program.

AMOUNT ENCLOSED \$ _____ Personal Check, Cashier's check or money order, payable to: **GLOBAL ENDEAVORS**.

PART III: MEDICAL HISTORY (Note: Please know that all information in this section is confidential.)

1.) Does the applicant have any medical or emotional condition requiring special attention? YES _____ NO _____

If you respond yes to Q.1, please specify _____

2.) Does the applicant have any allergies or medical reactions we should know about? YES _____ NO _____

If you respond yes to Q.2, please specify _____

In submitting this application for the GLOBAL ENDEAVORS program, we state that we have read BOTH sides of this agreement/application and accept its terms and conditions.

Signature of applicant Date Signature of Parent or Guardian Date