

REGISTRATION FORM

Phone: 503-653-3988 • Fax: 503-653-3990 • 800-752-1296 • www.etsi.ws

<p style="text-align: center;">HOW TO REGISTER</p> <p>All participants taking the tour must complete an individual Registration Form. If the traveler is a minor, a parent or legal guardian must also sign.</p> <p>Registrations and payments can also be made online on our secure website at www.etsi.ws.</p> <p>Or return this form with your deposit to: Educational Travel Services, Inc. P.O. Box 82605 • Portland, Oregon 97282-0605</p>	<p style="text-align: center;">DEPOSITS AND PAYMENTS</p> <ol style="list-style-type: none"> 1. The payment schedule is found on the invitation letter. Your deposit must be made in the amount specified in the letter or we cannot guarantee a reservation on the tour. We welcome checks, cash, money orders, Visa, MasterCard, American Express and Discover. 2. Payments made after the final due date must be paid by cashier's check or money order. A \$35.00 late fee will be charged for payments received after the final payment deadline. All final payments are due 60 days prior to departure unless otherwise stated.
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REQUIRED INFORMATION: Please complete ALL of the following information. TSA regulations require that all travelers submit their date of birth and their complete legal name including first, middle and last (please indicate if there is no middle name). Adult passengers (over the age of 18) are required to show a US federal or state issued photo ID in order to pass through airline security checkpoints. For international travel, please contact ETSI to obtain identification requirements for your destination.

Traveler first name: _____ Middle name: _____ Last Name: _____

Date of birth _____ Male Female / Student Adult

Group/School _____ Trip # _____

Participant Address _____

City _____ State _____ Zip _____

<p>Parent/Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other</p> <p>Name: _____</p> <p>Home # _____</p> <p>Work # _____</p> <p>Cell # _____</p> <p>email _____</p>	<p>Parent/Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other</p> <p>Name: _____</p> <p>Home # _____</p> <p>Work # _____</p> <p>Cell # _____</p> <p>email _____</p>
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PAYMENT (Please make checks payable to EDUCATIONAL TRAVEL SERVICES, INC.)

Amount \$ _____ by Visa MasterCard Amex Discover Check/Money Order

Card # _____ Exp. Date _____

Print Name on Card _____ Cardholder's Signature _____

Billing address of credit card (If different from above address.)

Address _____ City _____ State _____ Zip _____

READ BEFORE SIGNING

I have read and understand this agreement and all of my questions regarding this agreement have been answered. I agree to the terms and conditions outlined on this page and the terms and conditions contained in the Enrollment Materials. ETSI promotional materials may include statements by participants and/or their photographs taken during the tour. I consent to such use of these comments and photographic likeness without additional authorization or compensation.

Student/Traveler Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

For office use

Date Rec'd _____ Amt. \$ _____ Check/MO _____ Staff initials: _____

----- PLEASE SIGN AND DATE BOTH SIDES OF THIS FORM -----

Health and Medical Release

This general health information is requested so that we are informed of medical needs that impact tour planning. Prior to departure, you will be asked to complete a detailed and updated health form that will be carried by the group leader during travel.

List any pertinent allergies, history, chronic medical problems, special instructions or dietary needs:

In the event of any emergency, the chaperone and/or Educational Travel Services representative may have my permission to seek the best possible care available. All attempts will be made to contact a parent or legal guardian immediately. I understand that the cost of such emergency care and/or transportation to emergency facilities or back home is my responsibility.

Parent/Guardian Signature _____ Date _____

Behavior Contract

All participants on our programs are held to the highest of standards. The following rules pertain to participant behavior prior to departure. You will be asked to complete a second behavior contract pertaining to on-tour conduct.

The following actions WILL result in an automatic removal from the tour. The cancellation policy will be in effect.

- Any action resulting in expulsion from school
- Use of drugs, alcohol or tobacco that is reported either in school or outside of school.
- Charges of assault or harassment that is reported either in school or outside of school

The following actions MAY result in removal from tour. Consideration will be given on a case-by-case basis. If actions result in a cancellation, the cancellation policy will be in effect.

- Reported behavior that indicates chronic irresponsible, and/or disruptive behavior.
- Reported behavior within a community that requires law enforcement action.
- Indications of a lack of personal responsibility such as skipping classes, chronic tardiness or other indications of refusal to follow expected behavior.

The behavior expectations put in place are primarily for the safety and welfare of the tour participants. The Tour Director has a responsibility to all the group members. Participants who do not follow rules pose a threat to themselves and other participants and will be removed from the trip.

Parent/Guardian Signature _____ Date _____

Student/Traveler Signature _____ Date _____