

Tour Information

Please type or print and write in BLOCK letters

Performer Non-Performer Chaperone

Group Leader Name _____ Group ID _____ Departure Date _____ Program Name _____

Personal Information

MR MS MRS DR BR SR FR REV MALE FEMALE

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

EMAIL ADDRESS _____ HOME TELEPHONE _____ MOBILE TELEPHONE _____

ADDRESS _____ DATE OF BIRTH MM / DD / YYYY _____

CITY _____ STATE _____ ZIP CODE _____

Are you a U.S. Citizen? YES NO

Non U.S. Citizens have the sole responsibility for determining if any visas are required for the trip and for obtaining those visas before departure.

Parent/Emergency Contact Info (Required for all participants)

FIRST AND LAST NAME _____ EMAIL ADDRESS _____ DAYTIME TELEPHONE _____ EVENING TELEPHONE _____

Additional Travel Insurance

You are automatically enrolled in Travel Guard's Basic Essential Travel Insurance Plan. For information about full coverage, refer to the attached Terms & Conditions. The fee for Travel Guard's Full Coverage Travel Insurance Plan is \$25 per day of your tour, maximum \$450.

I would like Full Coverage Insurance

Payment Information (please indicate payment method)

I have included a payment in the amount of _____ CHECK VISA MASTERCARD

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CREDIT CARD NUMBER _____ EXP DATE MM / YY _____ SECURITY CODE* _____

*The card security number is a three digit number printed on the back of your card. It appears after and to the right of your card number.

LAST NAME OF CARD HOLDER _____ FIRST NAME OF CARD HOLDER _____

Billing Address of this Card Check here if same as above

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

FULL PAYMENT GROUP PAYMENT PLAN MONTHLY AUTOMATED PAYMENT

Rooming Requests (please specify Room Mate)

Single Room Double Room Twin Room _____

Alternate Travel Arrangements (The following must be requested at the time of enrollment.)

LAND ONLY I will book my own round trip flights.

ALTERNATE U.S. GATEWAY I want to travel from a different U.S. airport than the rest of my group. ALTERNATE U.S. GATEWAY REQUEST _____

RETURN LATE I want to extend my stay after the trip. RETURN DATE REQUEST _____ RETURN GATEWAY REQUEST _____

There is a service fee of \$150 for alternate flight arrangements and additional airline fees may apply

Signatures

I have read and fully understand the Discovera "Release & Agreement" and the "Terms & Conditions" as supplied herewith and agree to be responsible for all amounts owed to Discovera Tours. I am in good physical and mental health and am able to travel without special considerations.

Participant _____ Date _____

Parent/Guardian Date _____ Date _____

Required if participant is a minor