



Send a copy of the form via fax or scan and email (pdf format). Please retain a copy to carry with you on tour.

Please print

Last Name \_\_\_\_\_

Nationality \_\_\_\_\_

First Name \_\_\_\_\_ SEX:  M  F

Student Cell while traveling: \_\_\_\_\_

Host Parents \_\_\_\_\_

Student email address \_\_\_\_\_

Address \_\_\_\_\_

Host email address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

In case of emergency, please contact (*do not list home number*):

Zip Code \_\_\_\_\_ Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Host Father Work/cell \_\_\_\_\_

host family Phone: \_\_\_\_\_

Host Mother Work/cell \_\_\_\_\_

- HAWAII Feb 15-22 '17      \$1150       East Coast Mar 25- 31 '17      \$950\*
- Western Mar 11-17 '17\*      \$999\*       HAWAII Apr 5-12 '17      \$1150
- California Mar 18-24 '17      \$950\*       Los Angeles May 28-June 3 '17      \$950

\* Western & California tours makes a great 2-trip combo as does as does the California & East Coast. Email for Details.

**SIGNATURES:** I have read and understand all the Terms and Conditions. All parties acknowledge that while on tour, Explore America, Inc. or its representatives may take any action deemed necessary to protect student's safety and well being, including medical treatments at the student's expense and in the case of rule violations transportation home at the student's expense. Any disputes shall be resolved exclusively through arbitration. AIRFARE IS NON-REFUNDIBLE AFTER PURCAHSE.

Student signature \_\_\_\_\_ Host Parent signature \_\_\_\_\_

**Exchange program Representative** Exchange program approvals are required for all students. Exchange program permission may be later withdrawn for failing grades or violation of program rules. Consult your exchange representative.

Signature \_\_\_\_\_ Phone number \_\_\_\_\_

**SCHOOL SIGNATURES:** Students must have approval for any trip where school is missed. Students must agree to make up any missed work. School signature indicates that the student is in good standing & has made arrangements for missed work.

School Name \_\_\_\_\_ Date \_\_\_\_\_

Name & signature of school personnel \_\_\_\_\_

**MEDICAL INFORMATION:** (some students may not have a policy # on their insurance card)

Medical insurance company \_\_\_\_\_ Policy or ID # \_\_\_\_\_

List allergies, medical conditions or limitations (vegetarian, etc.), and any prescription medications. Attach additional pages, if necessary. If you are currently being treated for a medical condition, also list the physician's name and phone number. Remember, you must carry your insurance card while on tour.

Would you prefer roommates of the  *same* or  *different* nationalities? Anyone in Particular?  
#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

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email: [tours@explore-america.com](mailto:tours@explore-america.com) web: [www.explore-america.com](http://www.explore-america.com) phone: 1-800-999-7567 FAX 1-818-788-4399