



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 Exchange program permission may be later withdrawn for failing grades or violation of program rules.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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