

E-Tours Travel Application

Tour Date: 2013

Personal Information (please complete form clearly in legible print only)
IMPORTANT: YOUR NAME MUST APPEAR EXACTLY AS WRITTEN IN YOUR PASSPORT

First Name: _____

Last Name _____

Parents' Name (if traveler is a minor) _____

Name by which you prefer to be known: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Work Telephone: _____

Parent Cell #: _____

Email
Address: _____ @ _____

Date of Birth: _____ (mm/ dd / yyyy)

Age on tour: _____

Citizenship: _____ Sex: M F (please circle)

Passport Number: _____

Passport Expiration Date: _____

Contact Information

Please provide details below of the relative or friend we should contact in the case of emergency. If you are under 21, please provide the name of your parent or legal guardian who has consented to your participation on this trip:

Name: _____

Relationship to traveler: _____

Mailing address (if different to above) _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work phone: _____ Cell phone: _____

Email Address: _____@_____

Special Requirements

Please provide us with any health/medical information we need to take into account, and/or state any special requirements here.

PLEASE SIGN

I have read and fully understand E-Tours' Terms and Conditions as supplied here and I agree to be bound by them, as well as the Release & Agreement and Student Behavior Guidelines. I confirm that the details provided on this Application Form are correct and complete.

Signature _____ Date _____

Applicant

I am the parent/legal guardian of the above (minor) applicant. I have read and understand E-Tours Terms and Conditions as supplied here and I agree to be bound by them and to ensure that the applicant complies with them. I confirm that the details provided on this Application Form are correct and complete.

Signature _____ Date _____

Please submit this application to E-Tours along with your non-refundable \$300 deposit.