



Washington D.C. Trip - April 18-22, 2018
Registration Form

(Please complete form fully then mail to Jackie's Travel)

School: _____ Tee shirt Size: _____

Full Legal Name _____ D.O.B. _____ Male or Female
 (Please circle)

Mailing Address: _____ State _____ Zip _____

Home Phone: (____) _____ Social Security Number: _____ - _____ - _____

Place of Birth: City _____ State _____

Parent 1 Name: _____ Date Registered: _____

Phone Contact Number(s): (____) _____ (____) _____
 (Please circle: home / cell / work) (Please circle: home / cell / work)

Parent 2 Name: _____

Phone Contact Number(s): (____) _____ (____) _____
 (Please circle: home / cell / work) (Please circle: home / cell / work)

Parent Signature _____
 (Responsible Party) (By signing here you agree to the general terms and conditions of the program.)

Payment Information

*Total cost per student is \$665.
 I (parents or legal guardians) acknowledge the \$275 deposit is non-refundable.*

Signature Please: _____

___ Deposit Only ___ Full Payment: Cash/Check Payment amount: _____

Students will be given first priority in filling seats for the trip. If spots are available after students are given every option to attend, are parents of the student above interested in going on the trip as a paying chaperone? If so, give us a contact email for you and we will forward the details to you.

___ Yes ___ No Parent Name: _____ Email: _____

<u>This area for office use only:</u>			
Date deposit received: _____	PC _____	Check No: _____	\$ _____
Second payment received: _____	\$ _____	Check No: _____	Late Fee: _____
Final payment received: _____	\$ _____	Check No: _____	Late Fee: _____