

ENROLLMENT FORM

My Group Leader is : **Rebecca Valencia**
Requested Departure Date: **06/03/2018**
TOUR# **1963952KM** **1210779**
GL# **1243387** **BOS/EAOUT/**

A non-refundable \$95 Enrollment Fee must be paid at the time of enrollment.

TRAVELER INFO

Important: If traveling by air, provide your complete name as it appears on your travel credentials (e.g., birth certificate, passport, or state-issued identification).

LEGAL FIRST NAME: _____
(No nicknames. I.e. Robert, not Bobby. Important: \$100 minimum penalty for name change.)

MIDDLE NAME: _____
(Provide only if included on your photo identification. If your photo identification displays a middle initial, list only a middle initial here. Your name must be an exact match.)

LAST NAME: _____

DATE OF BIRTH: _____ SEX: Male Female ARE YOU A U.S. CITIZEN? Yes No
Optional: For travel to Canada, we will use this to provide you the most accurate information on passport/visa requirements.

TRAVELER'S EMAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ Prefiero comunicaci3n en espa1ol cuando est3 disponible.

EMERGENCY CONTACT INFO

Important: Contact should not be traveling on tour (Required for all tour communication and in case of emergency)

FIRST NAME: _____ LAST NAME: _____

SEX: Male Female CHECK ONE: Parent Legal guardian Relative Spouse Friend

CONTACT'S EMAIL: _____
(Email of person not traveling on tour)

HOME TELEPHONE: _____ MOBILE TELEPHONE: _____ Prefiero comunicaci3n en espa1ol cuando est3 disponible

SECURE YOUR INVESTMENT WITH TRAVEL PROTECTION

(May not be added after enrollment—see pg. 20 for details)

Enroll in Anytime Protection Plan

Enroll in Basic Protection Plan

BILLING INFORMATION

TOTAL AMOUNT TO BE PROCESSED AT TIME OF ENROLLMENT (\$95 MINIMUM): \$ _____

Account/cardholder's name: _____
Billing address if different from traveler address: _____
Billing email: _____
Account/cardholder's signature: _____

Please do not enroll me in paperless billing. I want to receive bills by mail.

If paying by ATM/debit card or credit card (card must display Visa or Mastercard logo), please provide:

Card number: _____
Billing ZIP code: _____
Expiration date: _____ / _____

If paying by checking account, please provide:

Bank routing number: _____
Checking account number: _____

PAY IN FULL TODAY

Can pay with: credit, ATM/debit card (Visa or MasterCard), or personal checks

MANUAL PAYMENT PLAN - \$50 FEE

Can pay with: credit, ATM/debit card (Visa or MasterCard), or personal checks

AUTOMATIC PAYMENT PLAN - FREE

Can pay with: direct debit from a checking account or ATM/debit card (Visa or MasterCard)

I would like to pay:

Monthly—select day when you would like payments made (between 1st and 28th): _____
 Bi-weekly—select day of the week for charges: Mon Tues Wed Thurs Fri
(Your first charge could be as early as two business days after your enrollment date)

YOUR ENROLLMENT FORM MUST BE SIGNED BELOW BY YOU, AND IF THE APPLICANT IS UNDER 18, OR A MINOR UNDER ANY OTHER APPLICABLE LAW, BY YOUR PARENT/LEGAL GUARDIAN.

I have completely read and fully understand the "Release and Agreement" and "Booking Conditions" as supplied herewith, and incorporated herein by reference and agree to be bound by and to comply with the "Release and Agreement" and "Booking Conditions." I have also read and agreed to EF's Automatic Payment Plan, Anytime Protection Plan and Basic Protection Plan terms and conditions. I confirm that I am an authorized user of the credit/debit card or bank account provided.

Signature of enrollee: _____ Date: _____

I am the parent or legal guardian of the above (minor) enrollee. I have completely read and fully understand the "Release and Agreement" and "Booking Conditions" as supplied herewith, and incorporated herein by reference and agree to be bound by, and to cause the above enrollee to comply with the "Release and Agreement" and "Booking Conditions." If applicable, I have also read and agreed to EF's Automatic Payment Plan, Anytime Protection Plan and Basic Protection Plan terms and conditions. I confirm that I am an authorized user of the credit/debit card or bank account provided.

Signature of parent or legal guardian: _____ Date: _____