



HERITAGE
CLASSICAL STUDY CENTER

Ireland Tour 2010 Trip Reservation and Registration

**Please complete one reservation form for each trip participant.
Deposit Due by Sep 30, 2009**

Ireland Tour Spring Break 2010

Participant Personal Information

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

Email Address (required) _____

Passport number _____ Birthdate (month/day/year) _____

Participant is enrolled in:

_____ Heritage Classical Study Center Campus _____

_____ Artios Academy

_____ Other (Please identify program) _____

Participant Contact Information

Primary Contact

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

_____ Please check here if you wish to be copied on email sent to participants

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Secondary Contact (not immediate family)

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____

Additional Participant Information:

Participant Medical Insurance: _____
Account # _____ Group Policy number _____
Name of insured _____

Does participant have any medial conditions that require medication? Describe condition and medication.

Does participant have any physical limitations which may require special travel arrangements? Please describe conditions and special requirements, if any.

Does participant have any restrictions on physical activity or diet?

Travel arrangements

Preferred roommate _____
Roommate preferences must be mutual (the roommates must name each other). Rooms are normally twins, though occasionally a room may have one double bed. Triples are not usually available.

I/We understand that a \$400 deposit per participant must accompany the reservation and registration in order to confirm the reservation request. I/WE understand that this deposit is not normally refundable (unless trip is cancelled due to an insufficient number of reservations). I/WE agree to make monthly payments of equal installments so that 50% of the trip balance is received by December 15 and the entire trip fee is paid in full by January 31. I/We agree to sign a Release Agreement prior to departure on the trip.

Signature _____ Date _____
Parent or Guardian if participant is a minor

Print Name _____

Mail to:
Heritage CSC
3050 Five Forks Trickum Rd.
Suite D-522
Lilburn, GA 30047

Email: janene@juno.com or petermeents@heritageclassical.com