

Heritage Classical Tours: Rome/Pompeii

March 28 - April 5, 2019 (Spring Break)

Total cost: \$2850 (includes airfare, lodging, ALL meals and entrance fees)

Deposit (\$250) due by October 1, 2019

Reservation/Registration (one form per person)

Participant's Personal Information

Student

Adult

Name (from passport*) _____
Last First Middle

*If student does not have a passport, please list complete legal name which will be used for passport application. Contact us immediately if the final name on the passport is different than the one shown above. We will need the exact passport name and number as soon as possible.

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone of Parent _____

Email Address (required) _____

Birthdate (month/day/year) _____ Student's Age (as of March 2019) _____

Passport number _____ Passport expiration date _____

Participant's cell phone number (if phone will be taken abroad) _____

Participant is enrolled in: Heritage CSC Other: _____

Has participant traveled abroad before? _____

Preferred roommate* (if any) _____

*Roommate preferences must be mutual (the roommates must name each other). We make no promises re: room assignments. Rooms for students normally are triples or twins, though occasionally a room may have one double bed.

Additional Participant Information (Attach a separate sheet of paper, if needed.)

Participant Medical Insurance: _____

Account # _____ Group Policy number _____

Name of insured _____

- Does participant have any medical 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 activity and/or diet?

Contact Information

Primary Contact (usually a family member)

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

Secondary Contact (not immediate family)

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

- **I/We understand that a \$250 deposit per participant must accompany each reservation/registration form in order to confirm the reservation. Until final flight booking, all but \$50.00 of the deposit is refundable. I/We understand that this deposit is not refundable after final flight booking.**
- **I/We agree to make monthly payments of equal installments so that at least 50% of the trip balance is received by December 1st, and the entire trip fee is paid in full by February 1st, 2019.**
- **I/We agree to sign a Release Agreement prior to departure on the trip.**
- **I/We commit to attending the two meetings regarding the trip: one in fall and one about a month before departure. I realize that I'm exempt from these meetings if I do not live in Georgia.**

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

Print Name _____

For registration questions, contact petermeents@heritageclassical.com or jmeents@heritageclassical.com.

Send reservation/registration form to:

**Heritage CSC / 2019 TOUR
3844 Lower Tanners Bridge Rd.
Monroe, GA 30656**

Trip Accounting

(for your convenience)

		Traveler #1	Traveler #2	Traveler #3
Deposit	Required: \$400	Amount & Check #		
Payment October	Suggested: \$400			
Payment November	Suggested: \$400			
Payment December	Suggested: \$400			
Payment January	Suggested: \$400			
Payment February	Suggested: \$400			